Government of Saskatchewan

Annual Statistical Report 1991–92

Saskatchewan Health

Medical Ca surance Branch

- Medical Care Insurance Plan
- Supplementary Health Program
- Children's Dental Program

Preface

This document is a statistical supplement to the Annual Report of Saskatchewan Health for the fiscal year 1991–92. It contains statistical data concerning the programs administered by the Medical Care Insurance Branch, including the Medical Care Insurance Plan, Supplementary Health Program, and Children's Dental Program.

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Highlights

- Payments by MCIB under its program areas totalled $302.7 million (see Page 5). Administration added a further $5.6 million in expenditures (2% of program costs).

- MCIB also made payments in 1991–92 to support the Saskatchewan Medical Association's Continuing Medical Education Fund and to a Dental Residency program.

Medical Care Insurance Plan

- The number of claims received for processing in 1991–92 totalled more than 9.6 million, including claims for cancer services and out-of-province beneficiaries (a 3.3% increase over 1990–91). About 58% of claims were submitted via computer (Table 3).

- The number of beneficiaries eligible to receive services declined by about 19,000 to 1,010,526. Of this number, 90% received services during the year from a physician, 24% from an optometrist, and 13% from a chiropractor (Table 5).

- Benefits paid for insured services — provided by physicians, optometrists, chiropractors, and dentists — amounted to $288.5 million, an increase of 7.0% on a per capita basis (Table 8).

- Agreements reached with the various professional associations provided fee increases in 1991–92 as follows:

physicians	4.0% April 1, 1991
optometrists	4.0% April 1, 1991
chiropractors	4.0% April 1, 1991

- Program expenditures by area were: (Table 8)

physicians	$262,754,000
optometrists	9,115,000
chiropractors	15,212,000
dentists	1,441,000

- The overall number of active physicians in Saskatchewan increased at year end to 1,155 from 1,144 in 1990–91. Metro (Regina and Saskatoon) general practitioners decreased by 10 (to 344), while other urban general practitioners increased by 1 (to 149), and rural general practitioners increased by 10 (to 228); specialists increased by 10 (to 434), including neurology and general surgery each up by 3 and psychiatry and obstetrics/gynaecology each up by 2.

  Active chiropractors showed an increase of 4 to 112. Active optometrists increased by 2 to 87.

- Average payments to active practitioners showed increases across the board: (Table 22)

General Practitioners	$167,500 up 4.6%
Specialists	276,700 up 3.2%
All Physicians	208,600 up 4.2%
Optometrists	99,100 up 5.9%
Chiropractors	127,000 up 2.1%

- Payments for out-of-province physician services increased by 4% to $12.6 million (Table 11).

Supplementary Health Program

- The average number of beneficiaries under the program rose from 56,756 in 1990–91 to 58,650 in 1991–92.

- Program expenditures per beneficiary rose to $128.45 in 1991–92 from $122.97 in the previous year.

Children's Dental Program

- The statistics in this Report are repeated from 1990–91. Please refer to the contents for the explanation.

- There were 142,728 children eligible to receive services under the Children's Dental Program in 1990–91.

- 81.1% of the eligible children received services under the program in 1990–91.

- The rates of decayed, missing and filled teeth generally continued to fall among Saskatchewan children.

- The uniform payment to the College of Dental Surgeons for each child seen at least once is $93.00 as of September 1, 1991.

Medical Care Insurance Branch 1991–92 Expenditures

Medical Care Insurance Plan	$284,566,848
Supplementary Health Program	7,829,152
Children's Dental Program	10,346,473
Administration	5,563,960
Continuing Medical Education	700,000
Grants to Support Health Services —Dental Residency	62,137
Total Expenditures	**$309,068,570**

Notes

1. There is a difference between Medical Care Insurance Plan payments shown above and the total payments shown in the statistical tables. The difference is due to accounting adjustments (e.g. the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement), certain recoveries, adjustments for retroactive payments, handling of cancer services and services related to sexually transmitted diseases, and the handling of claims for medical and optometric services provided in community clinics, which are included in the statistical tables as if paid on a fee-for-service basis, but actually funded on a global basis through Urban Hospitals Branch.

Medical Care Insurance Plan

The Medical Care Insurance Plan provides insurance coverage to Saskatchewan residents for a wide range of services provided by physicians, chiropractors, and optometrists, as well as a limited range of services provided by dentists.

All residents of Saskatchewan, with a few exceptions (members of the Canadian Armed Forces, RCMP, inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being plan registration. No premiums are levied.

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services — The diagnosis and treatment by a physician of all medical disabilities and conditions.

Surgical Services — Surgical procedures by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services — Care during pregnancy and delivery, and after care of the mother and child by a physician.

Anaesthesia — The administration of anesthesia by a physician including:

- anaesthesia for diagnostic, surgical and other procedures
- obstetrical anaesthesia
- dental anaesthesia
- anaesthesia for pain management.

Diagnostic Services — In Hospital

- diagnostic services other than x-ray or laboratory services or the technical portion of services involving a tracing.

Diagnostic Services — Out of Hospital

- x-ray services, including interpretations, provided by a specialist in radiology
- laboratory services, including interpretations, provided by a specialist in pathology
- an approved list of laboratory services provided by a physician other than a pathologist
- other diagnostic services provided by a physician.

Preventive Medical Services — Immunization services where not available through any government or municipal agency; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Refractions — Eye examinations to determine refractive error.

Optometric Services

Routine and Partial Eye Examinations — Unless special medical factors are present, the frequency of routine examinations to determine refractive error is limited to one in any 24-month period for beneficiaries aged 18 to 64. Beneficiaries of all other ages are eligible for a routine eye examination once every 12 months.

Tonometry — The measuring of intraocular pressure is an insured service when it is provided during a routine eye examination to beneficiaries 40 years of age or more.

Dental Services

Services in connection with maxillo-facial surgery required to treat a condition caused by an accident.

Certain services in connection with abnormalities of the mouth and surrounding structures.

Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

Certain x-ray services when provided by a dentist who is a specialist in oral surgery.

Extraction of teeth medically required for the provision of:

- heart surgery,
- services for chronic renal disease, or
- services for total joint replacement by prosthesis

where the beneficiary was referred to a dentist by a specialist in the surgical field and where prior approval of the MCIB is received.

Chiropractic Services

Chiropractic visit and x-ray services.

No limits apply to chiropractic services.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the province.

Services provided by physicians in other provinces except Quebec are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for insured physician services provided in other provinces except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the provinces in which the services are provided. The host plan then bills the home province of the patient for the services provided.

Exclusions

The following services are not insured:

Health services received under other public programs including: The Hospital Services Plan, The Workers' Compensation Act, federal Department of Veteran Affairs, The Mental Health Act. MCIB acts as paying agent on behalf of the Provincial Laboratory for the treatment of sexually transmitted diseases.

Diagnosis and treatment of cancer — all services for the diagnosis and treatment of cancer, except for certain diagnostic services provided by a physician prior to referral to a Cancer Clinic. Diagnostic and treatment services for cancer are provided under The Cancer Foundation Act to residents registered with a Saskatchewan Cancer Clinic. The Medical Care Insurance Branch acts as a paying agent for the Cancer Foundation. The Cancer Foundation refunds MCIB for the cost of cancer services.

The following physician services are excluded:

- travelling
- advice by telephone
- surgery for cosmetic purposes
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party
- autopsy.

The following additional services are excluded under the Medical Care Insurance Plan:

- ambulance services and other forms of transportation of patients
- services provided by special duty nurses
- services provided by chiropodists, podiatrists, naturopaths or osteopaths
- dentistry, except as described under Insured Services — Dental Services
- drugs and dressings
- appliances (e.g. eyeglasses, artificial limbs).

Methods of Payment

The Medical Care Insurance Branch makes payment for insured services by the following methods:

- fee-for-service billing by practitioners based on negotiated fee schedules
- contract payments to specified practitioners for the provision of specified services.

A global system of payment for the operation of four community clinics is provided by Urban Hospitals Branch.

Practitioners may choose to practise entirely outside the Medical Care Insurance Plan, in which case the services provided by that practitioner are uninsured.

Professional Review

Joint Professional Review Committees have been formed with the various professional associations and licensing bodies to evaluate the billing and practice patterns of practitioners. These Committees are empowered to make monetary reassessments and levy fines of up to $50,000.

Statistical Tables and Graphs

Introductory Notes

General — The following tables are based upon Medical Care Insurance Branch payments made during 1991–92 for medical, optometric, chiropractic and dental services provided to Plan beneficiaries as outlined in Table 4, page 16.

A global system of payment for medical and optometric services is used for four community clinics in the province, however, services are recorded on the same basis as fee-for-service items.

The statistical tables exclude data on cancer services paid by MCIB on behalf of the Saskatchewan Cancer Foundation. The tables also exclude data on services for treatment of sexually transmitted diseases paid by MCIB on behalf of the Provincial Laboratory.

The tables include data on services provided to Saskatchewan residents by practitioners outside the province where noted, but exclude data related to services provided by Saskatchewan practitioners to beneficiaries from other provinces.

In 1990–91, a redesigned statistical system was implemented and run parallel to the previous system. This report is based on the redesigned system. The major differences affecting the data in this report as compared to previous reports are in the service groupings which are now based on Federal (Health and Welfare Canada) grouping classifications (see Definitions) and in the categorizing of physicians (see Categories of Practitioners, page 9).

Beneficiaries — Beneficiary information, such as the age-sex structure, is based upon records maintained by Health Insurance Registration of Saskatchewan Health.

Date of Payment — Statistics are based upon the date a service was paid, and not upon the date the service was provided. Statistics for the fiscal year 1991–92 include some services rendered in 1990–91.

Payment Adjustments — The difference between Medical Care Insurance Plan payments shown in the table of Expenditures, page 5, and the total payments shown in the statistical tables is due to accounting adjustments (e.g. the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement), certain recoveries, adjustments for retroactive payments, handling of cancer services and services related to sexually transmitted diseases, and the handling of medical and optometric services provided in community clinics funded on a global basis through Urban Hospitals Branch.

Statistical tables have not been adjusted for recoveries resulting from professional review activities. The amount of such recoveries is shown in Table 2.

Payments to Locum Tenens — Where a physician acts as the principal for a locum tenens physician who is not fully registered by the College of Physicians and Surgeons, payments for services provided by the locum are made to the principal. This can impact on average physician payments, particularly where the principal physician sponsors a locum who practises in a separate community.

Retroactive Payments — From time to time, the MCIB is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. The data has been adjusted to include the retroactive payments applicable to the time period covered by the report.

Definitions of Service Groupings (Tables 7 to 10 and 12)

(a) **Consultations** — A consultation is the referral of a patient by one physician to another for examination, diagnosis, and written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.

(b) **Major Assessments** — A major assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A major assessment may be provided to new or former patients. Eye examinations by physicians are included here.

(c) **Other Assessments** — Other assessments are visits which comprise history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Follow-up assessments, well baby care provided in the office, visits to special care homes and continuous personal attendance are included in this classification.

(d) **Psychotherapy** — Includes treatment interview, group therapy, and counselling.

(e) **Hospital Care** — Physician services provided in a hospital on a visit per day basis including newborn care in hospital. Hospital visits covered by a composite payment such as hospital care following surgery are not included.

(f) **Special Calls and Emergency** — Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and premiums for out-of-hours surgical procedures, surgical assist, anaesthetic and obstetrical services.

(g) **Major Surgery** — All 42-day surgical procedures excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.

(h) **Minor Surgery** — All 0 and 10-day surgical procedures excluding those falling in the Obstetrics classification.

(i) **Surgical Assistance** — Services of physicians as required to assist the surgeon at an operation. Includes assistant standby.

(j) **Obstetrics** — Includes confinements, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits. Foetal monitoring and transfusions are included here.

(k) **Anaesthesia** — All anaesthetic procedures, pain management and pain clinic services are included in this category (see page 6).

(l) **Diagnostic Radiology** — All out-of-hospital technical procedures and interpretations by specialists in Radiology.

(m) **Laboratory Services** — All out-of-hospital laboratory services by specialists in pathology and common office laboratory services provided by other physicians.

(n) **Other Diagnostic and Therapeutic Procedures** — All types of diagnostic procedures, allergy tests, ultrasound, professional interpretations of procedures, biopsies, therapeutic procedures, injections, immunizations, Papanicolau smears, and resuscitation and intensive care.

(o) **Special and Miscellaneous Services** — Examinations for adoptions, for rape victims, for child abuse victims, for follow-up Cancer report; examinations and certifications of mental ill health; immunizations where not otherwise available; intralesional injections, injections for varicose veins, and any other services not elsewhere classified.

(p) **Services by Optometrists** — Includes eye examinations to determine the refractive state of the eye, when provided by an optometrist, partial examinations and tonometry testing.

(q) **Services by Chiropractors** — Includes visit services and x-ray services provided by chiropractors.

(r) **Dental Services** — Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures.

Categories of Practitioners (Tables 12 and 15 to 23)

I. Physicians

(a) **General Practitioner** — A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not specialists, limit their practice to specific specialty areas.

(i) **Metro** — A general practitioner who practises in Regina or Saskatoon.

(ii) **Urban** — A general practitioner who practises in a locality having 10,000 or more residents other than in Regina or Saskatoon.

(iii) **Rural** — A general practitioner who practises in a locality having fewer than 10,000 residents.

(iv) **Association** — A general practitioner who maintains patients' medical records with one or more other physicians.

(v) **Solo** — A general practitioner who is not working in association with another physician.

(b) **Specialist** — A physician listed by the College of Physicians and Surgeons of Saskatchewan as eligible to receive MCIB payments at specialist rates. If a physician is listed as a specialist during the year, only those services provided after such listing are included with specialist services.

Note: Physiatrists are included with Internists and Meuical Geneticists with Paediatricians.

II. Optometrist — A practitioner registered by the Saskatchewan Association of Optometrists.

III. Chiropractor — A practitioner registered by the Chiropractors' Association of Saskatchewan.

Note: Definition of Active Practitioner — Practitioners receiving $40,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year. General practitioners are categorized in the group in which they earned the most income if they have practised in various clinics or locations throughout the year.

Figure 1

Annual Per Cent Change in Number of: Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services

(Indexed to Base Year 1986–87)

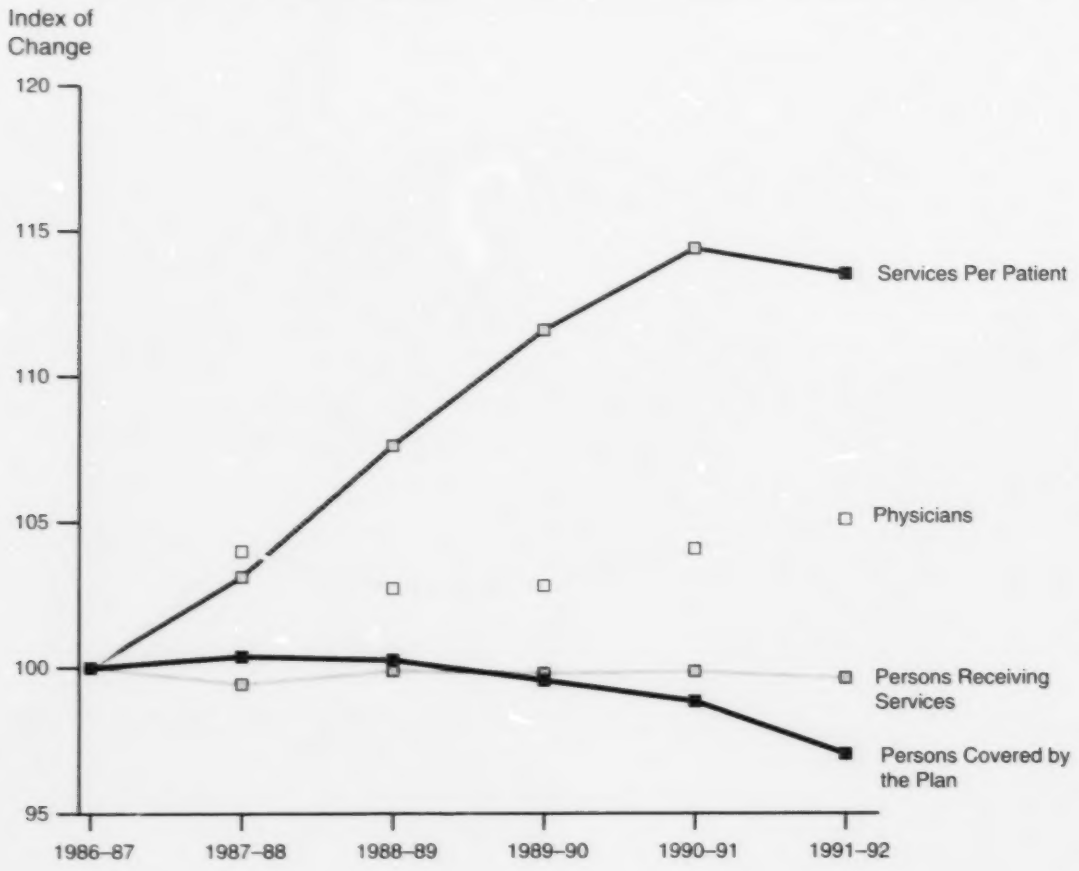

Figure 2

Annual Per Cent Change in Services Per 1,000 Beneficiaries for Selected Types of Physician Services

(Indexed to Base Year 1986–87)

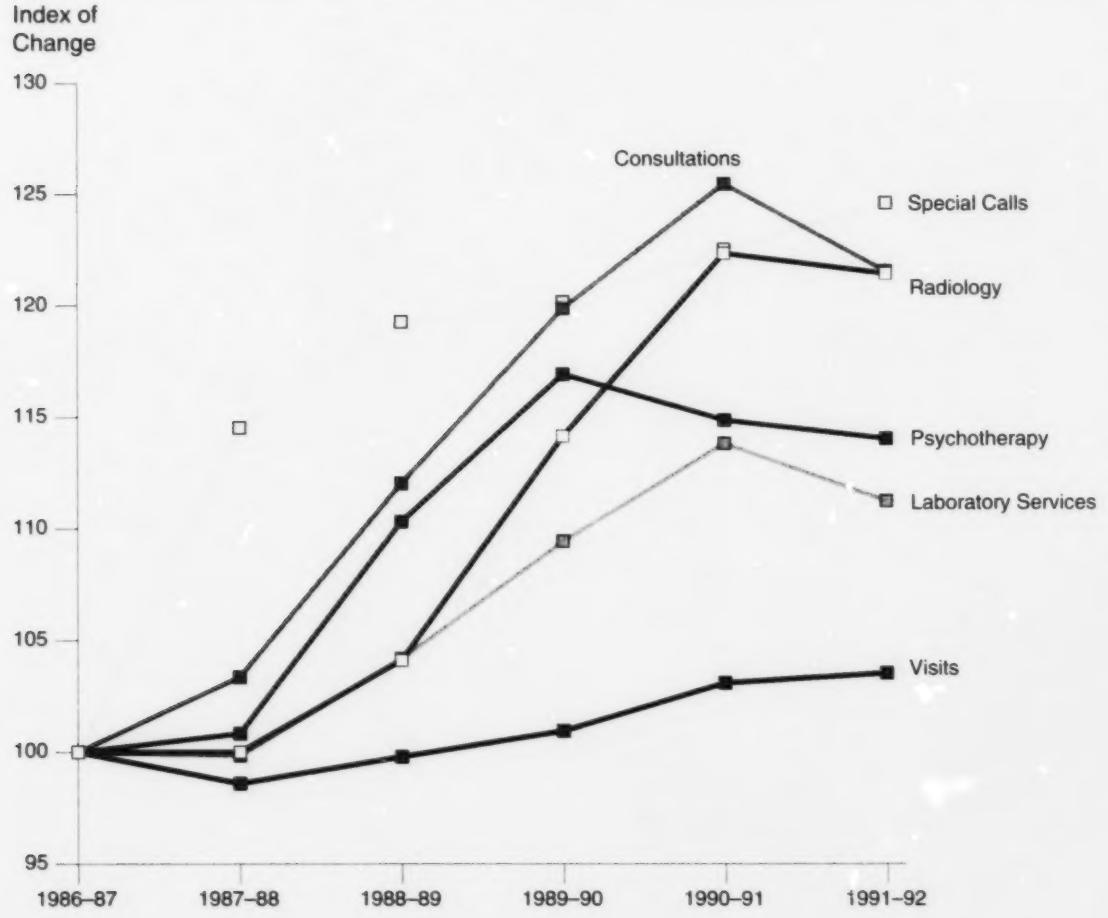

Figure 3
Per Cent of Physicians by Range of MCIB Payment, 1986–87 to 1991–92

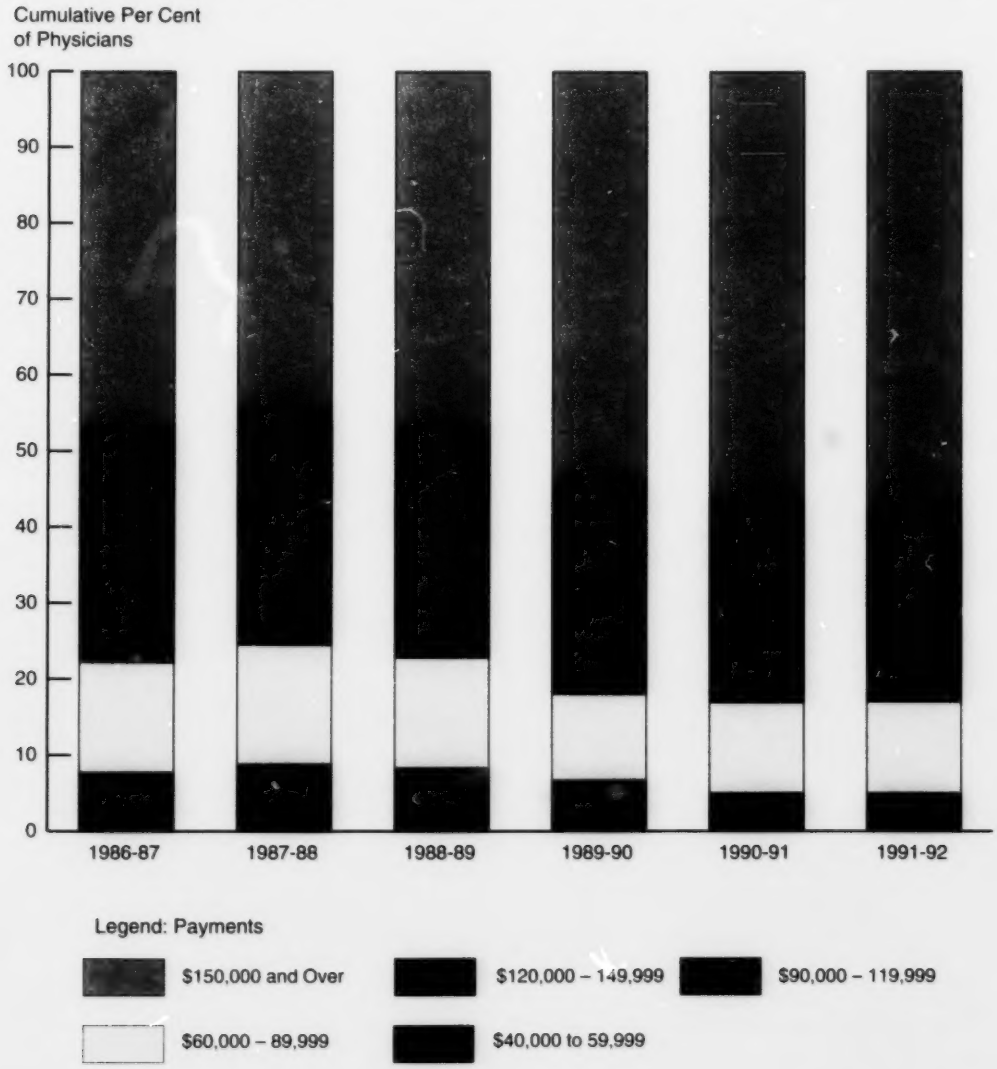

Figure 4

Per Capita Payments for Insured Services by Age and Sex of Beneficiary

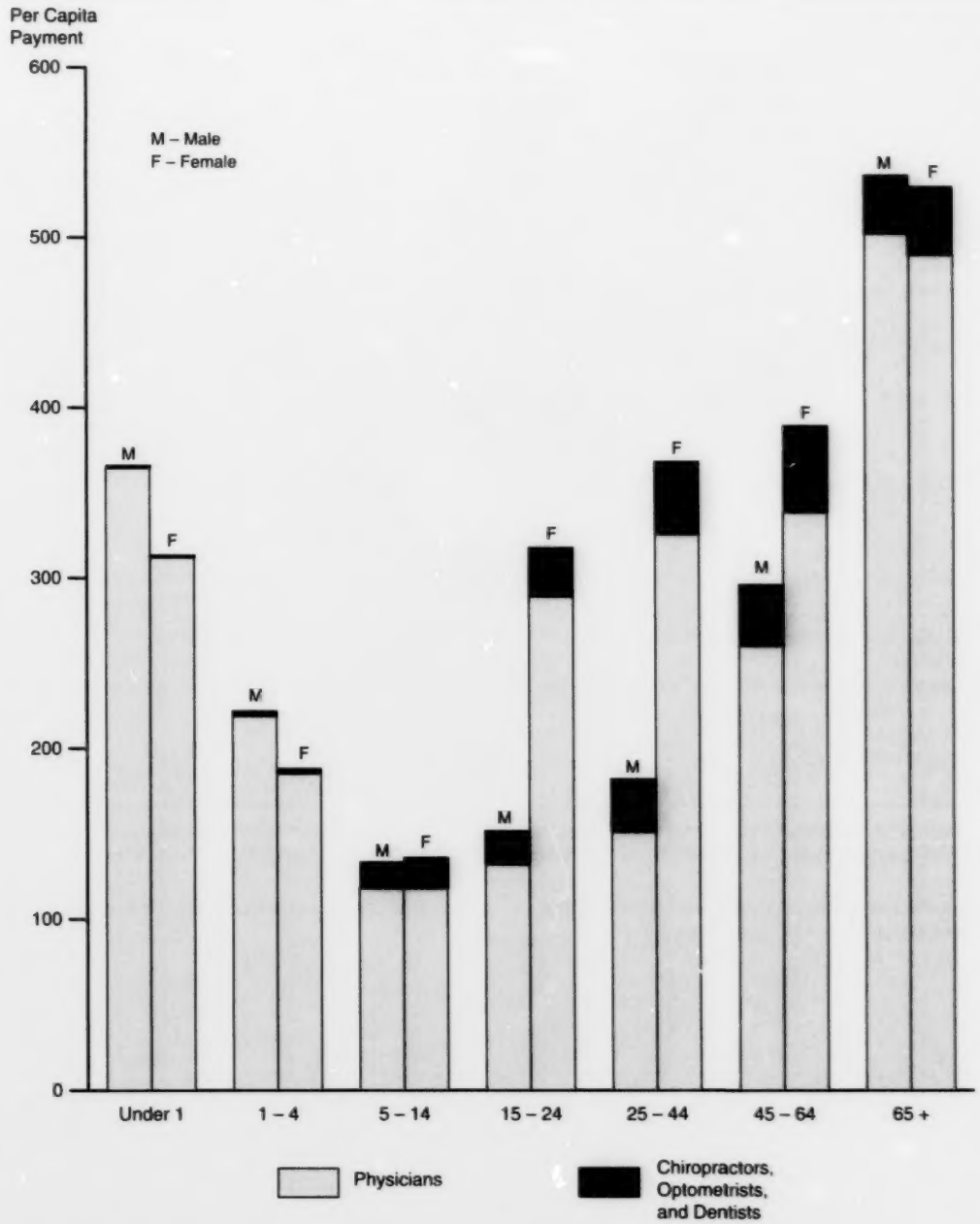

Table 1
Analysis of Per Cent Change in Per Capita Costs

Year	Gross Payments for Insured Services (000's)	Adjusted Cost Per Person Insured[1]	Per Cent Change in Adjusted Cost Per Person Insured[2]	Per Cent Change Due to Fee Increases	Per Cent Change Due to Utilization Increases
1987–88	$214,142	$205.36	–	–	–
1988–89	229,096	217.13	5.73	1.52	4.15
1989–90	253,927	243.84	12.30	5.31	6.64
1990–91	274,543	265.43	8.85	4.27	4.40
1991–92	288,522	285.82	7.68	3.79	3.75
Average Annual Per Cent Change 1987–88 to 1991–92	7.74	8.62	8.62	3.72	4.72

[1] The cost per person insured has been adjusted for changes in inventory and program coverage.

[2] The per cent change in adjusted per capita costs is equal to the per cent change due to fee increases times the per cent change due to utilization increases.

Table 2
Adjustments and Recoveries by the Medical Care Insurance Branch

	1990–91		1991–92	
	Number of Practitioners	Adjustment or Recovery (000's)	Number of Practitioners	Adjustment or Recovery (000's)
Routine Assessment on In-Province Claims[1]	1,917	$4,594.3	1,922	$5,555.9
Routine Assessment on Out-of-Province Claims[1]	–	1,969.6	–	1,755.8
Special MCIB Studies and Professional Review Activity[2]	19	381.1	21	241.1
Total	**–**	**$6,945.0**	**–**	**$7,552.8**

[1] The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs. These adjustments are prior to retroactive rate increases.

[2] The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by the MCIB and Professional Review Committees.

Table 3
Claims Received by Method of Billing

Claims Received from:	Number of Claims Received		Per Cent of Claims Received	
	1990–91	1991–92	1990–91	1991–92
Physicians	**7,989,270**	**8,194,347**	**85.91**	**85.27**
In-Province Claim Forms[1]	3,701,513	3,350,321	39.80	34.86
In-Province Direct Input[1]	4,095,238	4,621,500	44.04	48.09
Out-of-Province Reciprocal Billing[2]	177,904	209,200	1.91	2.18
Other Out-of-Province	14,615	13,326	0.16	0.14
Optometrists	**251,180**	**267,057**	**2.70**	**2.78**
In-Province Claim Forms	227,797	237,421	2.45	2.47
In-Province Direct Input	20,998	27,027	0.22	0.28
Out-of-Province	2,385	2,609	0.03	0.03
Chiropractors	**1,028,776**	**1,122,631**	**11.06**	**11.68**
In-Province Claim Forms	466,958	376,979	5.02	3.92
In-Province Direct Input	556,668	738,329	5.99	7.68
Out-of-Province	5,150	7,323	0.05	0.08
Beneficiaries	**31,016**	**26,480**	**0.33**	**0.27**
In-Province	2,976	3,299	0.03	0.03
Out-of-Province	28,040	23,181	0.30	0.24
Total	**9,300,242**	**9,610,515**	**100.00**	**100.00**
Claims Per Employee	76,861	87,368		

[1]Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements. Includes claims for insured dental services.

[2]Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.

Note: Includes claims processed on behalf of the Saskatchewan Cancer Foundation and Supplementary Health.

Table 4
Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 1991		Rate Per 1,000 Beneficiaries			
			Services		Payments	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	7,601	7,171	15,951	13,928	364,758	312,041
1 – 4	33,099	31,521	10,962	9,566	218,958	185,332
5 – 14	83,009	78,910	6,629	6,729	118,316	118,136
15 – 24	74,528	71,406	6,834	15,880	132,095	289,031
25 – 44	154,662	151,053	7,364	16,801	151,195	325,408
45 – 64	88,955	88,816	12,096	16,969	260,273	338,713
65 and over	61,714	78,081	23,771	25,200	502,442	489,826
All Beneficiaries	**503,568**	**506,958**	**10,377**	**15,936**	**212,941**	**306,777**
B. Optometrists						
Under 1	7,601	7,171	1	2	42	52
1 – 4	33,099	31,521	54	57	1,801	1,904
5 – 14	83,009	78,910	294	347	9,846	11,606
15 – 24	74,528	71,406	205	300	6,744	9,765
25 – 44	154,662	151,053	190	298	5,445	8,578
45 – 64	88,955	88,816	449	561	9,655	12,067
65 and over	61,714	78,081	591	714	12,779	15,424
All Beneficiaries	**503,568**	**506,958**	**293**	**397**	**7,684**	**10,347**
C. Chiropractors						
Under 1	7,601	7,171	74	51	1,052	729
1 – 4	33,099	31,521	51	41	712	579
5 – 14	83,009	78,910	159	176	2,191	2,419
15 – 24	74,528	71,406	621	914	8,457	12,321
25 – 44	154,662	151,053	1,395	1,845	18,671	24,578
45 – 64	88,955	88,816	1,650	2,094	22,049	27,890
65 and over	61,714	78,081	1,116	1,253	15,016	16,767
All Beneficiaries	**503,568**	**506,958**	**979**	**1,269**	**13,145**	**16,950**
D. Dentists						
Under 1	7,601	7,171	3	2	273	197
1 – 4	33,099	31,521	1	1	52	35
5 – 14	83,009	78,910	14	16	812	996
15 – 24	74,528	71,406	15	32	934	1,734
25 – 44	154,662	151,053	22	40	1,438	2,436
45 – 64	88,955	88,816	23	36	1,652	2,491
65 and over	61,714	78,081	14	15	880	1,050
All Beneficiaries	**503,568**	**506,958**	**17**	**28**	**1,121**	**1,728**

Note: Includes out-of-province services and costs.

Table 5
Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	1990–91 Number of Beneficiaries	1990–91 % of Beneficiaries	1990–91 % of Payments	1990–91 % of Services	1991–92 Number of Beneficiaries	1991–92 % of Beneficiaries	1991–92 % of Payments	1991–92 % of Services
A. Physicians Only								
$ 0.00[1]	139,591	13.6	–	–	98,688	9.8	–	–
$ 0.01 – $ 25.00	80,535	7.8	0.6	0.6	89,294	8.8	0.6	0.7
$ 25.01 – $ 50.00	90,175	8.7	1.3	1.6	92,219	9.1	1.4	1.5
$ 50.01 – $ 100.00	171,132	16.6	5.0	5.9	169,065	16.7	4.7	5.6
$100.01 – $ 250.00	262,381	25.5	17.1	20.3	264,237	26.2	16.4	19.6
$250.01 – $ 500.00	151,310	14.7	21.2	23.8	155,959	15.4	20.9	23.6
$500.01 – $1,000.00	89,163	8.7	24.8	24.1	91,736	9.1	24.4	23.8
Over $1,000.00	45,065	4.4	30.0	23.7	49,328	4.9	31.6	25.2
Total	**1,029,352**	**100.0**	**100.0**	**100.0**	**1,010,526**	**100.0**	**100.0**	**100.0**
B. Optometrists Only								
$ 0.00[1]	795,716	77.3	–	0.1	770,785	76.3	–	0.1
$ 0.01 – $25.00	9,775	0.9	1.8	2.9	10,723	1.0	1.9	3.1
$25.01 – $50.00	217,787	21.2	93.1	91.2	219,991	21.8	91.4	89.3
Over $50.00	6,074	0.6	5.1	5.8	9,027	0.9	6.7	7.5
Total	**1,029,352**	**100.0**	**100.0**	**100.0**	**1,010,526**	**100.0**	**100.0**	**100.0**
C. Chiropractors Only								
$ 0.00[1]	906,095	88.0	–	0.1	881,807	87.3	–	0.1
$ 0.01 – $ 25.00	20,395	2.0	2.2	2.0	19,734	2.0	2.0	1.8
$ 25.01 – $ 50.00	26,116	2.5	6.2	6.0	28,790	2.8	6.6	6.2
$ 50.01 – $100.00	30,424	3.0	14.9	14.7	31,830	3.1	14.9	14.7
$100.01 – $250.00	32,180	3.1	35.4	35.5	33,296	3.3	34.5	34.6
Over $250.00	14,142	1.4	41.3	41.7	15,069	1.5	42.0	42.6
Total	**1,029,352**	**100.0**	**100.0**	**100.0**	**1,010,526**	**100.0**	**100.0**	**100.0**

[1]The number of beneficiaries in this category is a residual, representing the difference between the number for whom a claim was paid at any time during the year and the total of beneficiaries at June 30 of the stated year.

Note: Includes out-of-province services and costs.

Table 6
Physician Services and Payments by Age and Sex (In- and Out-of-Province)

Age Groups	Sex	Population			Average Per Person Insured		Average Per Person Treated		Average Payment Per Service
		Insured[1]	Treated[2]	Per Cent Treated	Services	Cost	Services	Cost	
Under 1	M	7,601	9,217	100.00	15.95	364.76	13.15	300.81	22.87
	F	7,171	8,716	100.00	13.93	312.04	11.46	256.73	22.40
	T	14,772	17,933	100.00	14.97	339.17	12.33	279.38	22.66
1 – 4	M	33,099	32,886	99.36	10.96	218.96	11.03	220.38	19.97
	F	31,521	30,899	98.03	9.57	185.33	9.76	189.06	19.37
	T	64,620	63,785	98.71	10.28	202.56	10.42	205.21	19.70
5 – 9	M	42,296	36,468	86.22	6.95	126.29	8.06	146.48	18.18
	F	40,465	35,410	87.51	6.73	121.53	7.69	138.88	18.06
	T	82,761	71,878	86.85	6.84	123.96	7.88	142.73	18.12
10 – 14	M	40,713	33,248	81.66	6.30	110.03	7.71	134.73	17.47
	F	38,445	32,004	83.25	6.73	114.57	8.08	137.62	17.03
	T	79,158	65,252	82.43	6.51	112.23	7.89	136.15	17.25
15 – 19	M	38,223	32,021	83.77	7.08	133.59	8.46	159.47	18.86
	F	36,757	34,645	94.25	13.14	235.18	13.94	249.51	17.90
	T	74,980	66,666	88.91	10.05	183.39	11.31	206.26	18.24
20 – 24	M	36,305	29,792	82.06	6.57	130.52	8.01	159.05	19.86
	F	34,649	36,142	100.00	18.79	346.16	18.01	331.86	18.42
	T	70,954	65,934	92.92	12.54	235.82	13.49	253.78	18.81
25 – 29	M	40,462	31,390	77.58	6.66	134.93	8.59	173.92	20.25
	F	40,093	39,622	98.83	19.81	379.61	20.04	384.12	19.17
	T	80,555	71,012	88.15	13.20	256.71	14.98	291.20	19.44
30 – 34	M	42,282	33,140	78.38	6.98	142.67	8.91	182.02	20.43
	F	41,623	40,159	96.48	17.44	339.83	18.08	352.21	19.48
	T	83,905	73,299	87.36	12.17	240.47	13.93	275.27	19.76
35 – 39	M	39,422	31,154	79.03	7.59	160.29	9.60	202.83	21.13
	F	37,856	35,406	93.53	14.85	288.78	15.88	308.77	19.45
	T	77,278	66,560	86.13	11.15	223.23	12.94	259.18	20.03
40 – 44	M	32,496	25,600	78.78	8.46	171.51	10.74	217.71	20.27
	F	31,481	28,615	90.90	14.47	281.36	15.92	309.54	19.44
	T	63,977	54,215	84.74	11.42	225.57	13.48	266.18	19.75
45 – 49	M	24,830	20,051	80.75	9.71	203.40	12.03	251.87	20.94
	F	24,267	22,775	93.85	16.32	321.07	17.39	342.10	19.67
	T	49,097	42,826	87.23	12.98	261.56	14.88	299.86	20.15
50 – 54	M	21,564	17,322	80.33	11.05	233.43	13.76	290.59	21.12
	F	21,678	20,131	92.86	16.63	332.44	17.91	357.99	19.99
	T	43,242	37,453	86.61	13.85	283.07	15.99	326.82	20.44
55 – 59	M	21,384	17,841	83.43	12.85	278.18	15.40	333.42	21.65
	F	21,142	19,563	92.53	17.14	342.38	18.52	370.01	19.98
	T	42,526	37,404	87.96	14.98	310.10	17.03	352.56	20.70
60 – 64	M	21,177	18,496	87.34	15.19	336.21	17.39	384.95	22.13
	F	21,729	20,263	93.25	17.86	361.11	19.15	387.24	20.22
	T	42,906	38,759	90.33	16.54	348.82	18.31	386.15	21.09
65 – 69	M	19,664	18,129	92.19	18.38	414.97	19.93	450.11	22.58
	F	21,482	20,498	95.42	19.59	407.76	20.53	427.34	20.82
	T	41,146	38,627	93.88	19.01	411.21	20.25	438.03	21.63
70 – 74	M	16,340	15,801	96.70	21.85	491.07	22.60	507.83	22.47
	F	19,727	19,353	98.10	21.84	454.02	22.27	462.79	20.79
	T	36,067	35,154	97.47	21.85	470.81	22.42	483.04	21.55
75 and over	M	25,710	26,707	100.00	29.11	576.57	28.03	555.04	19.80
	F	36,872	38,756	100.00	30.26	556.79	28.79	529.73	18.40
	T	62,582	65,463	100.00	29.79	564.92	28.48	540.05	18.96
Total all ages	**M**	**503,568**	**429,263**	**85.24**	**10.38**	**212.94**	**12.17**	**249.80**	**20.52**
	F	**506,958**	**482,957**	**95.27**	**15.94**	**306.78**	**16.73**	**322.02**	**19.25**
	T	**1,010,526**	**912,220**	**90.27**	**13.17**	**260.02**	**14.58**	**288.04**	**19.75**

[1]As at June 30, 1991.

[2]Population treated at any time during the fiscal year.

Table 7
Services by Type of Service

Type of Service[1]	Number of Services (000's) 1990–91	1991–92	Number of Services Per 1,000 Beneficiaries 1990–91	1991–92	Per Cent Change 1990–91 to 1991–92
In-Province Physician Services	**12,922.2**	**12,870.9**	**12,554**	**12,737**	**1.46**
Consultations	448.3	434.4	435	430	-1.15
Major Assessments	442.2	429.5	430	425	-1.16
Other Assessments	4,451.5	4,485.3	4,325	4,439	2.64
Psychotherapy	277.5	276.1	269	273	1.49
	5,619.5	**5,625.3**	**5,459**	**5,567**	**1.98**
Hospital Care	**1,111.4**	**1,044.3**	**1,080**	**1,033**	**-4.35**
Special Calls and Emergency	**413.1**	**420.4**	**401**	**416**	**3.74**
Major Surgery	82.3	85.3	80	84	5.00
Minor Surgery	343.7	376.0	334	372	11.38
Surgical Assistance	70.0	82.6	68	82	20.59
Obstetrics	30.5	29.7	30	29	-3.33
Anaesthesia	238.5	255.0	232	253	9.05
	765.0	**828.6**	**744**	**820**	**10.22**
Diagnostic Radiology	268.0	266.2	260	264	1.54
Laboratory Services	2,961.2	2,894.4	2,877	2,864	-0.45
Other Diagnostic and Therapeutic Services	1,585.3	1,593.6	1,540	1,577	2.40
Special and Miscellaneous Services	198.7	198.1	193	196	1.55
	5,013.2	**4,952.3**	**4,870**	**4,901**	**0.64**
In-Province Dental Services	**24.3**	**22.5**	**24**	**22**	**-8.33**
In-Province Optometric Services	**332.1**	**343.1**	**323**	**340**	**5.26**
Refractions by Optometrists	221.9	227.2	216	225	4.17
Other Optometric Services	110.2	115.9	107	115	7.48
In-Province Chiropractor Services	**1,066.9**	**1,105.1**	**1,036**	**1,094**	**5.60**
Chiropractic Visit Services	1,057.6	1,097.0	1,027	1,086	5.74
Chiropractic X-Ray Services	9.3	8.1	9	8	-11.11
Out-of-Province Services					
Physician Services	428.5	433.5	416	429	3.13
Dental Services	0.1	0.1	–	–	–
Optometric Services	5.2	5.4	5	5	–
Chiropractor Services	28.6	31.3	28	31	10.71
All Services	**14,807.9**	**14,811.9**	**14,386**	**14,658**	**1.89**

[1]The "Introductory Notes", page 8, describe inclusions in these classifications.

Table 8
Payments by Type of Service

Type of Service[1]	Dollar Payments (000's) 1990–91	Dollar Payments (000's) 1991–92	Dollar Payments Per 1,000 Beneficiaries 1990–91	Dollar Payments Per 1,000 Beneficiaries 1991–92	Per Cent Change 1990–91 to 1991–92
In-Province Physician Services	**238,233**	**250,141**	**231,440**	**247,535**	**6.95**
Consultations	24,163	24,745	23,474	24,488	4.32
Major Assessments	15,139	15,803	14,707	15,638	6.33
Other Assessments	78,519	82,491	76,280	81,632	7.02
Psychotherapy	6,437	6,885	6,253	6,813	8.96
	124,258	**129,924**	**120,714**	**128,571**	**6.51**
Hospital Care	**11,036**	**11,049**	**10,722**	**10,934**	**1.98**
Special Calls and Emergency	**7,753**	**7,958**	**7,532**	**7,875**	**4.55**
Major Surgery	20,348	21,771	19,768	21,544	8.98
Minor Surgery	5,113	5,511	4,967	5,454	9.80
Surgical Assistance	2,104	2,396	2,044	2,371	16.00
Obstetrics	5,096	5,301	4,950	5,245	5.96
Anaesthesia	10,828	11,587	10,520	11,466	8.99
	43,489	**46,566**	**42,249**	**46,080**	**9.07**
Diagnostic Radiology	9,144	9,556	8,883	9,457	6.46
Laboratory Services	19,141	20,127	18,595	19,917	7.11
Other Diagnostic and Therapeutic Services	22,520	24,048	21,878	23,797	8.77
Special and Miscellaneous Services	892	913	867	904	4.27
	51,697	**54,644**	**50,223**	**54,075**	**7.67**
In-Province Dental Services	**1,478**	**1,427**	**1,435**	**1,412**	**-1.60**
In-Province Optometric Services	**8,416**	**8,962**	**8,176**	**8,869**	**8.48**
Refractions by Optometrists	7,340	7,783	7,131	7,702	8.01
Other Optometric Services	1,076	1,179	1,045	1,167	11.67
In-Province Chiropractor Services	**13,747**	**14,800**	**13,355**	**14,646**	**9.67**
Chiropractic Visit Services	13,547	14,613	13,161	14,461	9.88
Chiropractic X-Ray Services	200	187	194	185	-4.64
Out-of-Province Services					
Physician Services	12,146	12,613	11,799	12,481	5.78
Dental Services	14	14	14	14	–
Optometric Services	146	153	142	151	6.34
Chiropractor Services	363	412	353	408	15.58
All Services	**274,543**	**288,522**	**266,714**	**285,516**	**7.05**

[1]The "Introductory Notes", page 8, describe inclusions in these classifications.

Table 9

Average Payment Per Service by Type of Service and Type of Practitioner

Type of Service[1]	1990–91 General Practitioners ($)	1990–91 Specialists ($)	1990–91 All Practitioners ($)	1991–92 General Practitioners ($)	1991–92 Specialists ($)	1991–92 All Practitioners ($)
In-Province Physician Services	**15.74**	**22.46**	**18.44**	**16.77**	**23.27**	**19.43**
Consultations	39.53	55.27	53.90	42.91	58.46	56.97
Major Assessments	32.59	40.18	34.24	35.40	41.67	36.79
Other Assessments	17.59	18.40	17.64	18.35	18.99	18.39
Psychotherapy	18.21	30.79	23.20	19.66	32.49	24.94
	18.89	**39.18**	**22.11**	**19.82**	**40.29**	**23.10**
Hospital Care	**9.16**	**11.95**	**9.93**	**9.90**	**12.38**	**10.58**
Special Calls and Emergency	**18.29**	**21.10**	**18.77**	**18.43**	**21.29**	**18.93**
Major Surgery	144.62	262.73	247.12	150.62	272.73	255.43
Minor Surgery	11.60	35.61	14.88	11.56	30.98	14.66
Surgical Assistance	29.78	32.82	30.06	28.58	31.92	29.00
Obstetrics	173.17	160.31	167.08	193.09	162.89	178.70
Anaesthesia	43.30	45.99	45.40	42.49	46.33	45.43
	27.20	**96.92**	**56.85**	**27.49**	**94.90**	**56.20**
Diagnostic Radiology	8.31	34.12	34.11	–	35.90	35.90
Laboratory Services	3.13	7.64	6.46	3.12	8.08	6.95
Other Diagnostic and Therapeutic Services	8.16	16.95	14.21	8.90	17.74	15.09
Special and Miscellaneous Services	3.68	8.41	4.49	3.70	8.81	4.61
	4.93	**12.46**	**10.31**	**5.32**	**13.06**	**11.03**
In-Province Dental Services	–	–	**60.86**	–	–	**63.31**
In-Province Optometric Services	–	–	**25.34**	–	–	**26.12**
Refractions by Optometrists	–	–	33.07	–	–	34.26
Other Optometric Services	–	–	9.76	–	–	10.17
In-Province Chiropractor Services	–	–	**12.88**	–	–	**13.39**
Chiropractic Visit Services	–	–	12.81	–	–	13.32
Chiropractic X-Ray Services	–	–	21.51	–	–	22.95
Out-of-Province Services						
Physician Services	22.32	34.31	28.34	24.70	33.22	29.10
Dental Services	–	–	148.54	–	–	115.63
Optometric Services	–	–	27.98	–	–	28.52
Chiropractor Services	–	–	12.72	–	–	13.14
All Services	**15.92**	**22.94**	**18.54**	**16.99**	**23.68**	**19.48**

[1]The "Introductory Notes", page 8, describe inclusions in these classifications.

Table 10
Per Cent of Services and Payments by Type of Service

Type of Service[1]	Per Cent of Total Services		Per Cent of Total Payments	
	1990–91	1991–92	1990–91	1991–92
In-Province Physician Services	**87.27**	**86.90**	**86.77**	**86.70**
Consultations	3.03	2.93	8.80	8.57
Major Assessments	2.99	2.90	5.51	5.48
Other Assessments	30.06	30.28	28.60	28.59
Psychotherapy	1.87	1.87	2.35	2.39
	37.95	**37.98**	**45.26**	**45.03**
Hospital Care	**7.50**	**7.05**	**4.02**	**3.83**
Special Calls and Emergency	**2.79**	**2.84**	**2.82**	**2.76**
Major Surgery	0.56	0.57	7.41	7.54
Minor Surgery	2.32	2.54	1.86	1.91
Surgical Assistance	0.47	0.56	0.77	0.83
Obstetrics	0.21	0.20	1.86	1.84
Anaesthesia	1.61	1.72	3.94	4.02
	5.17	**5.59**	**15.84**	**16.14**
Diagnostic Radiology	1.81	1.80	3.33	3.31
Laboratory Services	20.00	19.54	6.97	6.98
Other Diagnostic and Therapeutic Services	10.71	10.76	8.20	8.33
Special and Miscellaneous Services	1.34	1.34	0.33	0.32
	33.86	**33.44**	**18.83**	**18.94**
In-Province Dental Services	**0.16**	**0.15**	**0.54**	**0.49**
In-Province Optometric Services	**2.24**	**2.31**	**3.07**	**3.11**
Refractions by Optometrists	1.50	1.53	2.68	2.70
Other Optometric Services	0.74	0.78	0.39	0.41
In-Province Chiropractor Services	**7.20**	**7.46**	**5.01**	**5.13**
Chiropractic Visit Services	7.14	7.41	4.94	5.06
Chiropractic X-Ray Services	0.06	0.05	0.07	0.07
Out-of-Province Services				
Physician Services	2.90	2.93	4.42	4.37
Dental Services	–	–	0.01	0.01
Optometrist Services	0.04	0.04	0.05	0.05
Chiropractor Services	0.19	0.21	0.13	0.14
All Services	**100.00**	**100.00**	**100.00**	**100.00**

[1]The "Introductory Notes", page 8, describe inclusions in these classifications.

Table 11

Payments (000's) for Out-of-Province Services by Location and Type of Practitioner

Type of Practitioner	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practitioners	**5,189.3**	**62.2**	**20.8**	**308.8**	**1,034.5**	**2,735.5**	**853.0**	**146.5**	**28.0**
Specialists									
Paediatricians and Medical Geneticists	326.3	1.5	2.0	47.9	42.3	198.7	24.5	9.3	0.1
Internists and Physiatrists	992.6	3.6	4.1	106.6	71.1	545.0	111.4	147.8	3.0
Neurologists	81.4	0.1	2.8	9.2	17.6	32.5	11.7	7.1	0.4
Psychiatrists	151.8	2.2	2.6	42.3	7.2	59.1	28.1	10.2	0.1
Dermatologists	83.7	0.3	1.6	5.1	7.8	55.9	9.8	3.0	0.2
Anaesthetists	825.0	1.5	9.3	153.0	50.0	476.3	69.3	64.9	0.7
General and Thoracic Surgeons	1,248.8	7.0	0.5	122.8	106.1	465.5	64.2	481.9	0.8
Orthopaedic Surgeons	321.3	1.5	2.7	36.5	15.5	190.4	42.4	31.6	0.7
Plastic and Reconstructive Surgeons	131.3	0.4	0.1	21.1	5.4	70.6	14.1	19.6	–
Neurological Surgeons	124.7	0.1	19.9	36.4	6.1	39.9	15.4	6.9	–
Obstetricians and Gynaecologists	357.0	2.0	1.9	19.5	57.2	233.6	28.5	12.0	2.3
Urological Surgeons	172.7	0.2	0.2	15.8	24.7	102.9	16.5	12.4	–
Ophthalmologists	768.3	0.3	1.6	14.1	22.3	663.6	53.8	11.7	0.9
Otolaryngologists	162.8	0.7	0.4	17.0	13.3	105.9	21.7	3.6	0.2
Pathologists	1,161.7	–	0.2	53.7	41.1	901.0	104.8	59.5	1.4
Diagnostic Radiologists	513.9	0.7	0.8	34.0	16.8	308.5	39.7	112.3	1.1
All Physicians	**12,612.6**	**84.3**	**71.5**	**1,043.8**	**1,539.0**	**7,184.9**	**1,508.9**	**1,140.3**	**39.9**
Dentists	13.9	–	–	3.3	1.6	7.2	1.4	0.4	–
Optometrists	153.1	0.5	0.2	1.7	68.2	76.2	3.9	2.3	0.1
Chiropractors	412.3	0.8	1.9	9.4	138.9	186.0	17.7	57.1	0.5

Table 12
In-Province Physician Services by Type of Service and Type of Practitioner

Type of Service[1] (000's)	Type of Practitioner							
	General Practitioners	Paediatricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Psychiatrists	Dermatologists	General Surgeons	Thoracic Surgeons
Visits								
Consultations	41.7	27.8	85.9	18.0	10.5	13.7	43.0	4.0
Special Eye Examination	11.4	–	–	–	–	–	–	–
Major Assessments	323.1	18.3	17.5	1.3	5.2	0.2	7.6	0.2
Other Assessments	4,185.7	50.2	54.9	2.4	7.1	12.6	32.1	2.1
Hospital								
Newborn, Premature	10.7	3.3	–	–	–	–	–	–
Other	745.6	30.0	161.9	10.9	28.5	0.6	27.8	1.3
Special Calls and Emergency	347.4	9.2	14.7	0.9	1.7	0.2	8.8	0.2
Psychotherapy								
Base Time[2]	95.0	0.1	0.2	–	70.2	–	0.1	–
Additional Time	67.6	0.2	0.2	–	40.2	–	0.1	–
Major Surgery	12.1	–	0.1	–	–	–	13.7	6.0
Minor Surgery	316.0	2.4	0.2	–	–	26.3	8.5	0.2
Surgical Assistance								
Base Time[2]	21.8	–	–	–	–	–	1.2	0.1
Additional Time	50.4	0.1	–	–	–	–	3.7	0.4
Obstetrics	15.5	2.1	–	–	–	–	–	–
Anaesthesia								
Base Time[2]	22.9	–	–	–	–	–	–	–
Additional Time	31.1	–	–	–	–	–	–	–
Nerve Blocks	5.7	–	0.2	–	–	–	–	–
Diagnostic Radiology	–	–	–	–	–	–	–	–
Pathology/Laboratory Services	656.7	11.3	2.2	–	–	0.4	2.3	–
Diagnostic Ultrasound	3.3	1.4	13.5	–	–	–	–	–
Other Diagnostic and Therapeutic Services	473.8	278.3	327.3	9.5	3.6	20.0	25.3	2.6
Special Services	161.9	0.2	0.5	–	–	0.5	9.3	0.3
Miscellaneous Services	0.9	0.3	–	–	0.9	–	–	–
Total Services	**7,600.3**	**435.2**	**679.3**	**43.0**	**167.9**	**74.5**	**183.5**	**17.4**

[1]The "Introductory Notes", page 8, describe inclusions in these classifications.

[2]Represents the number of instances these types of services were provided during the year.

Table 12
(Continued)

Type of Practitioner										
Ortho-paedic Surgeons	Plastic and Recon-structive Surgeons	Neuro-logical Surgeons	Urological Surgeons	Obstetri-cians and Gynaeco-logists	Ophthal-mologists	Otolaryn-gologists	Anaes-thetists	Pathol-ogists	Diagnostic Radiolo-gists	**Total Services**
42.3	12.9	8.3	15.4	43.1	36.7	28.7	2.4	–	–	**434.4**
–	–	–	–	–	5.0	–	–	–	–	**16.4**
2.8	0.3	0.7	2.2	8.6	13.0	12.2	–	–	–	**413.2**
22.3	3.0	1.7	8.9	43.6	32.9	23.0	2.8	–	–	**4,485.3**
–	–	–	–	–	–	–	–	–	–	**14.0**
6.7	0.9	5.7	1.3	7.0	0.8	1.3	–	–	–	**1,030.3**
4.3	1.0	1.0	0.5	11.2	0.9	1.1	17.1	–	0.2	**420.4**
–	–	–	–	1.2	–	–	–	–	–	**166.8**
–	–	–	–	1.0	–	–	–	–	–	**109.3**
13.5	5.2	2.2	4.9	6.8	12.6	8.1	–	–	–	**85.2**
2.0	8.7	–	1.0	3.1	4.9	2.7	–	–	–	**376.0**
0.2	0.1	0.1	0.3	0.5	–	–	–	–	–	**24.3**
1.2	0.3	0.6	0.5	1.1	–	–	–	–	–	**58.3**
–	–	–	–	12.1	–	–	–	–	–	**29.7**
–	–	–	–	–	–	–	56.6	–	–	**79.5**
–	–	–	–	–	–	–	128.9	–	–	**160.0**
0.3	–	0.3	–	–	–	–	8.8	–	0.2	**15.5**
–	–	–	–	–	–	–	–	–	266.2	**266.2**
–	–	–	5.7	32.5	–	–	–	2,183.3	–	**2,894.4**
–	–	–	–	3.2	6.1	–	–	–	62.9	**90.4**
5.9	0.5	0.3	16.3	19.1	112.9	167.1	21.2	9.8	9.7	**1,503.2**
–	0.2	–	0.1	23.0	–	–	–	–	–	**196.0**
–	–	–	–	–	–	–	–	–	–	**2.1**
101.5	**33.1**	**20.9**	**57.1**	**217.1**	**225.8**	**244.2**	**237.8**	**2,193.1**	**339.2**	**12,870.9**

Table 13

Patients, Services and Payments for Selected In-Province Medical Procedures

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 1990–91 to 1991–92
		Patients	Payments	Services	
Allergy Investigation and Hyposensitization Injections	607,776	18.53	1,422.69	601.45	-0.46
Electrocardiograms, Vectorcardiograms and Echocardiograms	344,482	153.10	5,115.76	340.89	-0.44
Submission of Papanicolau Smear	157,409	266.54[f]	1,024.25[f]	310.50[f]	-1.12
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts	54,475	37.30	1,337.05	53.91	4.23
Suturing of Wounds	33,999	31.45	1,300.50	33.64	4.99
Plantar Wart Excision or Fulguration	18,197	9.44	260.87	18.01	15.45
Artificial Extra Corporeal Haemodialysis	15,470	0.33	596.91	15.31	20.93
Delivery – Vaginal	11,693	22.84[f]	6,766.23[f]	23.07[f]	-5.45
– Caesarean	2,571	5.07[f]	1,872.92[f]	5.07[f]	-2.31
Arthrocentesis – Joint Injections Shoulder, Elbow, Knee	12,117	8.38	172.60	11.99	13.11
Cystoscopy	9,939	8.95	571.39	9.84	0.72
Dilatation and Curettage	6,400	12.28[f]	858.94[f]	12.62[f]	-10.18
Fractures, Open Surgical or Closed Reduction	5,761	5.21	1,258.21	5.70	0.53
Cataract Extraction	5,396	5.03	2,487.00	5.34	13.14
Sigmoidoscopy	4,625	4.26	122.00	4.58	-7.29
Electroencephalograms or Echoencephalograms	4,252	3.77	91.87	4.21	-15.12
Cardiac Catheterization	3,297	2.17	347.47	3.26	4.82
Tubal Ligation	3,195	6.28[f]	1,127.68[f]	6.30[f]	2.94
Herniotomy, Inguinal, Femoral or Umbilical – Simple, Strangulated or Recurrent	2,721	2.44	777.01	2.69	0.37
Tonsillectomy (With or Without Adenoidectomy)	2,716	2.66	321.05	2.69	-0.37
Gall Bladder or Other Biliary Tract Surgery	2,681	2.62	1,187.55	2.65	16.74
Vasectomy	2,517	4.98[m]	685.18[m]	5.00[m]	2.46
Psychological Testing	2,194	2.08	60.81	2.17	5.85
Hysterectomy – Abdominal	1,484	2.93[f]	1,097.86[f]	2.93[f]	3.17
– Vaginal	393	0.77[f]	316.77[f]	0.78[f]	8.33
Prostatectomy (With or Without Vasectomy)	1,531	3.01[m]	1,374.50[m]	3.04[m]	2.01
Arthroplasty – Total Hip Replacement	832	0.69	560.85	0.82	-4.65
– Total Knee Replacement	664	0.58	459.41	0.66	-5.71
Electroconvulsive Therapy	1,404	0.19	42.01	1.39	41.84
Varicose Veins (Ligation)	1,371	0.43	111.29	1.36	34.65
Septoplasty or Submucous Resection	1,360	1.34	365.16	1.35	-4.26
Therapeutic Abortion	1,300	2.53[f]	286.52[f]	2.56[f]	-1.54
Genital Prolapse Repair	1,075	2.00[f]	606.64[f]	2.12[f]	-1.40
Appendectomy	997	0.98	269.09	0.99	-6.60
Coronary By-Pass	844	0.51	1,236.06	0.84	18.31
Spinal Disc Excision	801	0.78	510.38	0.79	17.91
Salpingectomy, Oophorectomy and/or Ovarian Cystectomy	468	0.91[f]	274.56[f]	0.92[f]	5.75
Strabismus Operation	329	0.28	98.98	0.33	22.22
Peptic Ulcer Surgery	208	0.20	119.57	0.21	5.00

[f] Rate per 1,000 female beneficiaries.

[m] Rate per 1,000 male beneficiaries.

Table 14

Patients, Services and Payments for Selected In-Province Medical Conditions

Conditions	I.C.D.[1]	Number of Services (000's)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
Acute Upper Respiratory Infection (Except Influenza)	460 – 465	555	270.7	10,109	549
General Medical Examination –No Specific Diagnosis	V70	548	196.9	8,557	542
Hypertension	401 – 405	275	73.4	5,036	272
Otitis Media	381 & 382	249	87.9	4,512	246
Diseases Affecting Genitourinary Tract	580 – 599, 788	242	69.6	5,244	240
Ischaemic Heart Disease	410 – 414	221	29.8	5,595	219
Bronchitis	466, 490 & 491	216	111.4	3,813	213
Asthma	493	201	31.1	2,442	199
Hay Fever	477	178	17.5	1,173	176
Diabetes Mellitus	250	174	23.8	2,633	173
Arthritis	710 – 716	171	54.0	4,073	169
Chronic Sinusitis and Other Respiratory Symptoms	473 & 786	161	66.6	3,512	159
Rheumatic Disease	725 – 729	153	82.4	3,598	151
Neuroses	300	148	49.7	3,262	147
Eczema	690 – 692	128	63.5	2,044	127
Psychoses	295 – 299	123	11.1	2,814	122
Cerebrovascular Disease	430 – 438	117	8.6	1,541	115
Symptomatic Heart Disease	428 & 429	109	15.0	1,726	108
Diarrheal Disease	009	93	42.0	1,781	92
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva	615 & 616	85	67.9[f]	3,184[f]	168[f]
Pneumonia	480 – 486	85	18.1	1,383	84
Disorders of Menstruation	Z08* & 626	84	66.8[f]	3,492[f]	166[f]
Vertebrogenic Pain Syndrome	724	80	38.2	1,754	79
Cataract	366	69	17.2	3,766	68
Chronic Airways Obstruction	496	58	9.4	979	58
Anaemias	280 – 285	55	13.8	891	55
Cardiac Disrhythmias	427	51	11.8	1,108	51
Cellulitis and Abscess	681 & 682	49	22.7	917	48
Glaucoma	365	49	9.5	939	48
Influenza	487	48	32.5	813	48
Migraine	346	46	12.3	703	45
Gastritis and Duodenitis	535	41	21.0	770	40
Refractive Errors	367	28	15.5	620	28
Menopausal Symptoms	627	27	24.3[f]	1,098[f]	54[f]
Ulcers of Duodenum and Stomach	531 – 534	26	11.1	649	26
Alcoholic Psychosis and Alcoholism	291 & 303	26	4.7	483	25
Myxedema	244	25	11.2	460	25
Varicose Veins of Lower Extremity	454	24	4.9	495	24
Obesity	278	23	10.2	429	22
Disorders of Functions of Stomach	536 & 537	22	13.1	433	22
Epilepsy	345	17	4.3	327	17

[1]Ninth Revision International Classification of Diseases, 1977.

Note: MCIB records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

*MCIB internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.

[f]Rate per 1,000 female beneficiaries.

Table 15
Turnover of Physicians

	General Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 1986–87[1]	727		390		1,117	
		11.0		9.2		10.4
Still Practising in 1987–88[2]	647		354		1,001	
Practising in 1987–88[1]	750		387		1,137	
		13.3		11.1		12.6
Still Practising in 1988–89[2]	650		344		994	
Practising in 1988–89[1]	739		386		1,125	
		12.4		6.0		10.2
Still Practising in 1989–90[2]	647		363		1,010	
Practising in 1989–90[1]	722		410		1,132	
		10.7		5.9		8.9
Still Practising in 1990–91[2]	645		386		1,031	
Practising in 1990–91[1]	731		432		1,163	
		12.9		6.7		10.6
Still Practising in 1991–92[2]	637		403		1,040	
Practising in 1991–92[1]	725		427		1,152	

[1]Physicians receiving $10,000 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

[2]Physicians receiving $10,000 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Note: The net number of physicians who entered practice in 1991–92 was 112, the difference between "Practising" (1,152) and "Still Practising" (1,040).

Table 16
Practitioners in Relation to Population and Practice Size

Type of Practitioner[1]	Number of Practitioners		Population Per Practitioner (000's)		Average Number of Patients Per Practitioner[2] (000's)		Average Patient Contacts Per Practitioner[3] (000's)		Per Cent of Beneficiaries Treated	
	1990–91	1991–92	1990–91	1991–92	1990–91	1991–92	1990–91	1991–92	1990–91	1991–92
General Practitioners[4]	**720**	**721**	**1.4**	**1.4**	**2.4**	**2.4**	**7.5**	**7.6**	**81.9**	**83.3**
Specialists[4]										
Paediatricians and Medical Geneticists	30	31	34.3	32.6	1.6	1.6	4.4	4.2	4.3	4.3
Internists and Physiatrists	74	74	13.9	13.7	2.3	2.2	4.8	4.7	11.4	11.5
Neurologists	8	11	128.7	91.9	2.6	2.0	4.2	3.1	1.8	1.9
Psychiatrists	30	32	34.3	31.6	0.5	0.5	3.2	3.0	1.3	1.4
Dermatologists	5	6	205.9	168.4	2.4	2.4	5.1	5.5	1.1	1.4
Anaesthetists	54	55	19.1	18.4	1.1	1.1	1.2	1.3	4.9	5.1
General Surgeons	49	52	21.0	19.4	1.1	1.1	2.6	2.6	5.0	5.1
Thoracic Surgeons	7	6	147.1	168.4	0.9	1.1	1.6	1.8	0.5	0.6
Orthopaedic Surgeons	27	26	38.1	38.9	1.6	1.7	3.2	3.2	4.0	4.1
Plastic and Reconstructive Surgeons	11	9	93.6	112.3	1.4	1.5	2.3	2.6	1.5	1.4
Neurological Surgeons	6	6	171.6	168.4	1.2	1.3	3.2	3.0	0.7	0.7
Obstetricians and Gynaecologists	32	34	32.2	29.7	1.5	1.5	3.7	3.7	4.1	4.2
Urological Surgeons	15	14	68.6	72.2	1.5	1.6	2.7	2.8	1.9	2.0
Ophthalmologists	21	22	49.0	45.9	2.5	2.5	5.0	5.9	4.8	5.1
Otolaryngologists	11	12	93.6	84.2	3.0	3.0	7.1	7.5	3.3	3.3
Pathologists	10	10	102.9	101.1	34.3	35.0	0.9	0.8	29.8	30.8
Diagnostic Radiologists	34	34	30.3	29.7	6.1	6.1	0.2	0.2	16.2	16.6
All Specialists[4]	**424**	**434**	**2.4**	**2.3**	**2.7**	**2.7**	**3.1**	**3.2**	**49.1**	**50.3**
All Physicians[4]	**1,144**	**1,155**	**0.9**	**0.9**	**2.5**	**2.5**	**5.9**	**5.9**	**84.1**	**85.5**
Registered Physicians[5]	1,498	1,488	0.7	0.7	–	–	–	–	–	–
Optometrists[4]	**85**	**87**	**12.1**	**11.6**	**2.6**	**2.6**	**2.7**	**2.7**	**22.3**	**23.3**
Registered Optometrists[5]	103	98	10.0	10.3	–	–	–	–	–	–
Chiropractors[4]	**108**	**112**	**9.5**	**9.0**	**1.4**	**1.4**	**9.6**	**9.4**	**11.7**	**12.5**
Registered Chiropractors[5]	122	125	8.4	8.1	–	–	–	–	–	–

[1]Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2]The size of practice is the number of different persons on whose behalf a claim was paid during the year.

[3]A patient contact represents each time a practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

[4]Practitioners receiving $40,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

[5]Registered Practitioners:
Resident Saskatchewan Physicians as shown by the College of Physicians and Surgeons of Saskatchewan at the end of the year.
Resident Saskatchewan Optometrists as shown by the Saskatchewan Association of Optometrists at the end of the year.
Resident Saskatchewan Chiropractors as shown by the Chiropractors' Association of Saskatchewan at the end of the year.

Table 17
Practitioners by Size of Practice

Type of Practitioner[1]	Number of Practitioners[2]	Size of Practice by Range of Patients[3]							
		Less than 500	500–1,000	1,001–1,500	1,501–2,000	2,001–2,500	2,501–3,000	3,001–3,500	More than 3,500
General Practitioners									
Metro Association	266	2	12	39	67	36	34	19	57
Metro Solo	78	3	10	26	10	10	7	5	7
Urban Association	97	1	4	10	15	18	13	10	26
Urban Solo	52	2	7	10	7	13	6	4	3
Rural Association	122	–	1	14	23	31	24	16	13
Rural Solo	106	1	14	24	32	17	7	5	6
All General Practitioners 1991–92	**721**	**9**	**48**	**123**	**154**	**125**	**91**	**59**	**112**
All General Practitioners 1990–91	720	9	41	137	132	130	105	58	108
Specialists									
Paediatricians and Medical Geneticists	31	3	5	7	7	3	3	3	–
Internists and Physiatrists	74	8	18	4	14	2	6	6	16
Neurologists	11	1	2	4	1	–	1	–	2
Psychiatrists	32	20	10	2	–	–	–	–	–
Dermatologists	6	–	2	1	–	1	–	–	2
Anaesthetists	55	1	22	27	4	1	–	–	–
General Surgeons	52	4	19	24	4	1	–	–	–
Thoracic Surgeons	6	1	2	2	1	–	–	–	–
Orthopaedic Surgeons	26	1	3	9	5	5	2	1	–
Plastic and Reconstructive Surgeons	9	–	2	2	4	1	–	–	–
Neurological Surgeons	6	–	2	2	2	–	–	–	–
Obstetricians and Gynaecologists	34	–	8	7	16	2	1	–	–
Urological Surgeons	14	1	–	7	2	3	1	–	–
Ophthalmologists	22	–	1	1	2	8	6	2	2
Otolaryngologists	12	–	1	2	1	1	2	1	4
Pathologists	10	–	–	–	–	–	–	1	9
Diagnostic Radiologists	34	–	2	3	4	3	1	1	20
All Specialists 1991–92	**434**	**40**	**99**	**104**	**67**	**31**	**23**	**15**	**55**
All Specialists 1990–91	424	44	90	94	69	30	26	13	58
All Physicians 1991–92	**1,155**	**49**	**147**	**227**	**221**	**156**	**114**	**74**	**167**
All Physicians 1990–91	1,144	53	131	231	201	160	131	71	166
Optometrists 1991–92	**87**	**–**	**–**	**10**	**16**	**18**	**15**	**12**	**16**
Optometrists 1990–91	85	–	–	10	14	24	17	10	10
Chiropractors 1991–92	**112**	**1**	**27**	**38**	**30**	**10**	**5**	**–**	**1**
Chiropractors 1990–91	108	–	27	36	31	8	5	–	1

[1]Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2]Practitioners receiving $40,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

[3]The size of practice is the number of different persons on whose behalf a claim was paid during the year.

Table 18
Practitioners by Range of Patient Contacts

Type of Practitioner[1]	Number of Practitioners[2]	Range of Patient Contacts[3] 1–2,000	2,001–4,000	4,001–6,000	6,001–8,000	8,001–10,000	10,001–12,000	Over 12,000
General Practitioners								
Metro Association	266	8	62	63	66	34	22	11
Metro Solo	78	11	12	17	16	14	6	2
Urban Association	97	–	17	14	10	14	16	26
Urban Solo	52	3	11	12	7	9	7	3
Rural Association	122	1	15	17	28	22	18	21
Rural Solo	106	2	9	13	20	17	16	29
All General Practitioners 1991–92	**721**	**25**	**126**	**136**	**147**	**110**	**85**	**92**
All General Practitioners 1990–91	720	18	127	143	164	105	77	86
Specialists								
Paediatricians and Medical Geneticists	31	9	9	5	5	1	1	1
Internists and Physiatrists	74	18	22	10	11	5	3	5
Neurologists	11	5	4	–	–	2	–	–
Psychiatrists	32	15	9	5	2	–	–	1
Dermatologists	6	1	1	2	–	2	–	–
Anaesthetists	55	52	3	–	–	–	–	–
General Surgeons	52	11	39	1	–	1	–	–
Thoracic Surgeons	6	4	2	–	–	–	–	–
Orthopaedic Surgeons	26	5	16	4	1	–	–	–
Plastic and Reconstructive Surgeons	9	2	7	–	–	–	–	–
Neurological Surgeons	6	1	4	1	–	–	–	–
Obstetricians and Gynaecologists	34	5	15	13	1	–	–	–
Urological Surgeons	14	1	12	1	–	–	–	–
Ophthalmologists	22	1	3	10	5	1	1	1
Otolaryngologists	12	1	2	3	2	–	2	2
Pathologists	10	8	2	–	–	–	–	–
Diagnostic Radiologists	34	34	–	–	–	–	–	–
All Specialists 1991–92	**434**	**173**	**150**	**55**	**27**	**12**	**7**	**10**
All Specialists 1990–91	424	172	146	50	28	17	3	8
All Physicians 1991–92	**1,155**	**198**	**276**	**191**	**174**	**122**	**92**	**102**
All Physicians 1990–91	1,144	190	273	193	192	122	80	94
Optometrists 1991–92	**87**	**24**	**56**	**5**	**1**	**1**	**–**	**–**
Optometrists 1990–91	85	22	58	3	1	1	–	–
Chiropractors 1991–92	**112**	**–**	**9**	**18**	**12**	**23**	**22**	**28**
Chiropractors 1990–91	108	–	7	14	17	19	23	28

[1]Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2]Practitioners receiving $40,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

[3]A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

Table 19
Practitioners by Place of Graduation[1]

Type of Practitioner[2]	Number of Practitioners[3]	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
General Practitioners									
Metro Association	266	134	39	9	38	6	34	6	–
Metro Solo	78	23	7	5	20	4	15	4	–
Urban Association	97	37	5	1	23	–	19	12	–
Urban Solo	52	9	4	1	17	3	14	3	1
Rural Association	122	49	10	–	19	1	17	26	–
Rural Solo	106	10	7	2	47	1	14	25	–
All General Practitioners 1991–92	**721**	**262**	**72**	**18**	**164**	**15**	**113**	**76**	**1**
All General Practitioners 1990–91	720	261	81	15	164	13	113	72	1
Specialists									
Paediatricians and Medical Geneticists	31	5	6	3	4	–	11	2	–
Internists and Physiatrists	74	19	20	4	8	6	13	4	–
Neurologists	11	1	1	1	2	–	5	1	–
Psychiatrists	32	7	3	1	7	2	12	–	–
Dermatologists	6	2	2	–	1	–	–	1	–
Anaesthetists	55	24	12	–	11	1	5	2	–
General Surgeons	52	16	12	2	7	1	13	1	–
Thoracic Surgeons	6	1	2	2	1	–	–	–	–
Orthopaedic Surgeons	26	11	7	1	5	–	2	–	–
Plastic and Reconstructive Surgeons	9	4	3	–	–	1	1	–	–
Neurological Surgeons	6	1	1	–	1	–	2	1	–
Obstetricians and Gynaecologists	34	12	4	1	7	2	3	5	–
Urological Surgeons	14	4	8	–	1	–	1	–	–
Ophthalmologists	22	9	4	1	4	–	–	4	–
Otolaryngologists	12	7	–	–	1	–	3	1	–
Pathologists	10	1	3	–	4	–	2	–	–
Diagnostic Radiologists	34	15	8	–	5	–	5	1	–
All Specialists 1991–92	**434**	**139**	**96**	**16**	**69**	**13**	**78**	**23**	**–**
All Specialists 1990–91	424	134	99	16	68	12	76	19	–
All Physicians 1991–92	**1,155**	**401**	**168**	**34**	**233**	**28**	**191**	**99**	**1**
All Physicians 1990–91	1,144	395	180	31	232	25	189	91	1
Optometrists 1991–92	**87**	**–**	**81**	**6**	**–**	**–**	**–**	**–**	**–**
Optometrists 1990–91	85	–	80	5	–	–	–	–	–
Chiropractors 1991–92	**112**	**–**	**106**	**6**	**–**	**–**	**–**	**–**	**–**
Chiropractors 1990–91	108	–	103	5	–	–	–	–	–

[1]The place of graduation is the location at which the first medical, optometric, or chiropractic degree was obtained.

[2]Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[3]Practitioners receiving $40,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

Table 20
Practitioners by Age Group

Type of Practitioner[1]	Number of Practitioners[2]	Age Group				
		Under 35	35 – 44	45 – 54	55 – 64	65+
General Practitioners						
Metro Association	266	59	111	56	30	10
Metro Solo	78	4	21	22	22	9
Urban Association	97	21	38	23	10	5
Urban Solo	52	3	14	19	10	6
Rural Association	122	27	36	33	19	7
Rural Solo	106	19	22	27	30	8
All General Practitioners 1991–92	**721**	**133**	**242**	**180**	**121**	**45**
All General Practitioners 1990–91	720	146	231	174	123	46
Specialists						
Paediatricians and Medical Geneticists	31	2	6	12	10	1
Internists and Physiatrists	74	3	25	27	13	6
Neurologists	11	1	4	3	3	–
Psychiatrists	32	–	7	13	10	2
Dermatologists	6	1	–	3	1	1
Anaesthetists	55	9	27	8	7	4
General Surgeons	52	5	8	15	20	4
Thoracic Surgeons	6	–	4	–	2	–
Orthopaedic Surgeons	26	2	11	6	5	2
Plastic and Reconstructive Surgeons	9	–	3	3	2	1
Neurological Surgeons	6	–	1	1	3	1
Obstetricians and Gynaecologists	34	3	12	12	5	2
Urological Surgeons	14	–	6	5	2	1
Ophthalmologists	22	5	6	4	4	3
Otolaryngologists	12	1	4	4	3	–
Pathologists	10	–	3	2	4	1
Diagnostic Radiologists	34	4	13	8	7	2
All Specialists 1991–92	**434**	**36**	**140**	**126**	**101**	**31**
All Specialists 1990–91	424	45	139	115	101	24
All Physicians 1991–92	**1,155**	**169**	**382**	**306**	**222**	**76**
All Physicians 1990–91	1,144	191	370	289	224	70
Optometrists 1991–92	**87**	**21**	**26**	**20**	**11**	**9**
Optometrists 1990–91	85	19	28	17	11	10
Chiropractors 1991–92	**112**	**45**	**34**	**12**	**15**	**6**
Chiropractors 1990–91	108	39	34	15	14	6

[1]Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2]Practitioners receiving $40,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

Table 21

Average Payment[1] (000's) Per Resident Practitioner[2] by Specialty and Range of Paid Amount

	Type of Practitioner[3]							
	All Physicians		General Practitioners					
			Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	208.6	1,155	141.0	344	198.5	149	187.3	228
Highest Paid	6,550.9		535.5		730.3		547.2	
Less than $30,000	13.1	135	16.7	49	12.9	14	8.1	24
$ 30,000 - $ 39,999	34.7	38	34.4	19	33.8	6	36.0	3
$ 40,000 - $ 59,999	50.6	57	50.9	29	56.9	3	49.4	10
$ 60,000 - $ 79,999	71.0	82	70.4	34	70.1	6	73.7	13
$ 80,000 - $ 99,999	89.5	104	89.0	40	89.3	18	91.7	13
$100,000 - $119,999	110.8	105	110.3	42	113.0	12	110.7	23
$120,000 - $139,999	131.4	99	131.4	48	133.4	8	131.8	18
$140,000 - $159,999	149.7	90	149.6	36	150.2	11	149.3	19
$160,000 - $179,999	169.7	91	169.7	27	164.1	7	170.5	28
$180,000 - $199,999	190.9	96	188.9	32	190.4	9	192.4	20
Over $200,000	350.3	431	252.2	56	272.6	75	282.1	84
Total	**183.7**	**1,328**	**121.3**	**412**	**177.3**	**169**	**168.7**	**255**

	Neurologists		Psychiatrists		Dermatologists		Anaesthetists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	184.3	11	162.2	32	179.5	6	180.9	55
Highest Paid	570.9		431.5		293.7		316.8	
Less than $30,000	–	–	10.5	7	–	–	11.2	2
$ 30,000 - $ 39,999	–	–	36.1	3	–	–	–	–
$ 40,000 - $ 59,999	50.0	1	45.7	4	–	–	–	–
$ 60,000 - $ 79,999	–	–	69.9	6	–	–	–	–
$ 80,000 - $ 99,999	85.3	3	93.0	3	98.3	1	85.1	1
$100,000 - $119,999	109.2	3	112.8	1	112.0	2	111.1	4
$120,000 - $139,999	130.4	1	128.8	3	–	–	130.5	6
$140,000 - $159,999	–	–	151.4	2	–	–	150.5	8
$160,000 - $179,999	160.2	1	170.6	2	171.0	1	171.8	9
$180,000 - $199,999	–	–	180.9	1	–	–	191.2	12
Over $200,000	551.7	2	298.6	10	291.8	2	239.5	15
Total	**184.3**	**11**	**127.9**	**42**	**179.5**	**6**	**175.0**	**57**

	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists		Otolaryngologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	266.5	34	211.4	14	343.0	22	352.4	12
Highest Paid	458.7		501.6		1,215.8		778.9	
Less than $30,000	10.1	4	–	–	–	–	–	–
$ 30,000 - $ 39,999	–	–	–	–	–	–	–	–
$ 40,000 - $ 59,999	–	–	52.9	1	–	–	–	–
$ 60,000 - $ 79,999	79.5	1	–	–	–	–	–	–
$ 80,000 - $ 99,999	–	–	–	–	85.6	1	81.4	1
$100,000 - $119,999	107.0	4	–	–	–	–	111.0	2
$120,000 - $139,999	137.2	1	–	–	127.9	2	–	–
$140,000 - $159,999	141.5	1	–	–	146.4	2	–	–
$160,000 - $179,999	170.2	2	170.9	2	173.3	1	178.9	1
$180,000 - $199,999	199.8	1	189.3	5	192.8	1	–	–
Over $200,000	322.2	24	269.7	6	436.4	15	468.3	8
Total	**239.5**	**38**	**211.4**	**14**	**343.0**	**22**	**352.4**	**12**

[1]Represents gross payments, including retroactive payments, by the Medical Care Insurance Branch from which the practitioners must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MCIB payments should not be taken to represent total professional income since the practitioners may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MCIB. Average payments to general practitioners reflect an upward bias as a result of physicians sponsoring locums.

Table 21 (Continued)

Type of Practitioner[3]							
All General Practitioners		All Specialists					
				Paediatricians and Medical Geneticists		Internists and Physiatrists	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
167.5	721	276.7	434	177.6	31	230.7	74
730.3		6,550.9		498.0		633.7	
13.7	87	11.8	48	9.5	9	16.9	10
34.4	28	35.4	10	32.5	3	36.9	4
51.0	42	49.4	15	53.5	2	51.3	6
71.2	53	70.7	29	69.8	5	72.4	10
89.5	71	89.4	33	87.7	5	90.9	9
110.9	77	110.6	28	115.8	1	110.0	4
131.7	74	130.4	25	132.7	2	130.3	2
149.6	66	150.1	24	150.0	2	154.6	1
169.4	62	170.1	29	163.7	2	173.3	1
190.3	61	192.1	35	198.0	1	197.7	2
271.0	215	429.2	216	309.4	11	353.7	39
147.1	**836**	**245.9**	**492**	**132.3**	**43**	**197.6**	**88**

General Surgeons		Thoracic Surgeons		Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
191.8	52	414.6	6	262.9	26	238.6	9	282.3	6
322.3		562.0		696.2		355.9		431.0	
10.7	3	–	–	–	–	–	–	–	–
–	–	–	–	–	–	–	–	–	–
40.6	1	–	–	–	–	–	–	–	–
63.7	1	–	–	63.8	3	–	–	–	–
92.2	5	–	–	–	–	–	–	–	–
113.9	3	108.4	1	–	–	112.7	1	–	–
128.5	6	–	–	–	–	137.6	1	–	–
152.0	2	–	–	148.5	2	–	–	–	–
169.2	5	–	–	–	–	–	–	162.6	1
196.6	5	–	–	188.4	4	192.6	1	194.1	1
256.7	24	475.8	5	329.1	17	284.2	6	334.3	4
181.9	**55**	**414.6**	**6**	**262.9**	**26**	**238.6**	**9**	**282.3**	**6**

Pathologists		Diagnostic Radiologists		Optometrists		Chiropractors	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
1,787.9	10	424.9	34	99.1	87	127.0	112
6,550.9		2,329.2		309.0		228.8	
12.3	4	10.8	9	17.2	4	15.2	6
–	–	–	–	35.9	7	34.6	6
–	–	–	–	50.3	13	48.9	10
–	–	74.5	3	70.2	18	70.5	15
87.8	1	86.8	3	88.1	20	88.8	9
–	–	109.5	2	108.7	13	110.3	12
–	–	133.3	1	130.6	15	128.8	20
–	–	151.6	4	148.3	3	150.1	18
170.9	1	–	–	161.6	1	169.9	13
–	–	192.5	1	–	–	192.2	7
2,202.5	8	640.6	20	241.7	4	214.7	8
1,280.6	**14**	**338.2**	**43**	**91.2**	**98**	**117.1**	**124**

[2]Includes Physicians, Chiropractors, and Optometrists resident in Saskatchewan at the end of the year.

[3]Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4]Practitioners receiving $40,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

Table 22
Average Payment Per Practitioner by Specialty, 1986-87 to 1991-92

Type of Practitioner[1]	Average Payment[2] (000's) 1986–87	1987–88	1988–89	1989–90	1990–91	1991–92	Average Annual Per Cent Change 1986–87 to 1991–92
General Practitioners							
Metro Association	116.5	109.8	114.6	126.1	133.0	138.1	3.46
Metro Solo	134.0	132.3	132.6	140.0	148.2	151.0	2.42
Urban Association	158.9	158.1	161.7	177.7	190.7	204.6	5.19
Urban Solo	151.6	149.1	147.2	164.9	165.1	187.3	4.32
Rural Association	141.7	141.2	155.2	172.4	187.7	183.3	5.28
Rural Solo	163.4	152.9	158.6	178.3	181.2	192.0	3.28
All General Practitioners	**138.2**	**133.2**	**138.5**	**152.6**	**160.1**	**167.5**	**3.92**
Specialists							
Paediatricians and Medical Geneticists	145.5	139.8	151.8	162.0	173.8	177.6	4.07
Internists and Physiatrists	192.0	192.0	205.2	221.9	233.0	230.7	3.74
Neurologists	180.0	172.0	196.2	224.4	235.6	184.3	0.47
Psychiatrists	153.5	142.3	149.0	171.9	164.3	162.2	1.11
Dermatologists	100.2	114.8	117.7	141.9	159.6	179.5	12.37
Anaesthetists	140.0	145.9	156.0	164.6	171.8	180.9	5.26
General Surgeons	148.2	154.3	165.8	178.0	186.4	191.8	5.29
Thoracic Surgeons	230.7	295.0	263.0	326.7	302.3	414.6	12.44
Orthopaedic Surgeons	218.7	227.4	232.1	263.3	249.4	262.9	3.75
Plastic and Reconstructive Surgeons	188.4	196.2	202.3	199.0	208.6	238.6	4.84
Neurological Surgeons	182.7	203.9	217.6	244.3	268.2	282.3	9.09
Obstetricians and Gynaecologists	219.6	221.1	241.8	219.3	264.3	266.5	3.95
Urological Surgeons	166.3	179.4	185.4	198.6	202.2	211.4	4.92
Ophthalmologists	282.9	290.5	254.6	279.6	331.2	343.0	3.93
Otolaryngologists	300.0	293.0	297.6	323.1	356.3	352.4	3.27
Pathologists	1,219.1	1,121.9	1,455.7	1,323.0	1,655.7	1,787.9	7.96
Diagnostic Radiologists	272.8	277.5	343.7	349.4	397.2	424.9	9.27
All Specialists	**208.4**	**210.8**	**227.9**	**244.3**	**268.1**	**276.7**	**5.83**
Spec. less Pathologists & Radiologists	181.2	183.5	193.7	208.8	220.0	225.0	4.43
All Physicians	**162.4**	**159.8**	**169.4**	**186.0**	**200.1**	**208.6**	**5.13**
Phys. less Pathologists & Radiologists	152.0	149.2	156.3	171.7	180.8	187.7	4.31
Optometrists	**71.3**	**73.8**	**83.4**	**86.4**	**93.6**	**99.1**	**6.81**
Chiropractors	**110.9**	**110.3**	**115.2**	**121.5**	**124.4**	**127.0**	**2.75**

[1]Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Chiropractors, Optometrists, and Physicians receiving $40,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

[2]Represents gross payments, including retroactive payments, by the MCIB from which the practitioner must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MCIB payment should not be taken to represent total professional income since practitioners may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MCIB. Average payments to general practitioners may reflect an upward bias as a result of physicians sponsoring locums.

Table 23
Physician Payments (000's) by Specialty Group

	General Practitioners		Medical Specialists[1]		Surgical Specialists[1]		Technical Specialists[1]	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:[2]								
Regina	153	150.1	43	294.3	67	282.3	33	530.9
Saskatoon[3]	191	133.7	96	156.6	82	268.7	60	366.6
Moose Jaw	23	202.5	2	*	6	172.1	–	–
Prince Albert	46	191.8	6	276.0	10	183.9	4	638.1
Yorkton	23	172.5	4	178.2	3	170.4	–	–
Swift Current	15	252.7	2	*	4	204.2	–	–
North Battleford	24	184.7	–	–	3	269.7	–	–
Estevan	9	225.7	–	–	1	*	–	–
Weyburn	9	209.0	–	–	–	–	–	–
All Other Locations	228	187.3	1	*	5	142.8	2	*
B. By Activity Threshold:								
1. Resident at Year End and No Change in Location During Year[2]	674	170.8	151	201.8	174	261.0	98	429.6
2. Resident Full Year[2]	678	172.4	151	201.9	179	261.3	94	442.1
3. Resident and Active in Two Consecutive Years[2]	648	175.0	138	214.6	173	265.2	94	442.1
4. Resident During Any Portion of the Year and Earning $40,000 or more	759	163.5	161	198.6	189	252.5	99	427.0
5. Person-Year Equivalents and Earning $40,000 or more[4]	726.9	170.7	157.5	203.0	184.5	258.7	97.5	433.6
6. Resident at Year End With Payments ≥$10,000 in Each Quarter of the Year	636	179.7	130	223.9	174	266.3	90	456.9
7. Resident at Year End and Not in Teaching Institutions[2]	708	169.1	104	242.4	155	269.1	78	498.5
C. By Place of Graduation:[2]								
Saskatchewan	262	163.0	34	188.0	65	291.2	40	325.9
Canada, Other Than Saskatchewan	72	124.6	32	157.8	41	219.2	23	720.5
United Kingdom and Eire	164	189.6	22	153.5	27	242.1	20	341.5
Asia	113	163.3	41	253.6	25	247.9	12	411.0
Other Areas	110	177.8	25	226.1	23	273.2	4	226.4
D. By Age Group:[2]								
Under 35	133	147.1	7	153.9	16	248.3	13	170.4
35 – 44	242	165.0	42	185.9	55	297.5	43	363.7
45 – 54	180	186.5	58	209.3	50	272.2	18	472.2
55 – 64	121	181.2	37	223.5	46	227.0	18	456.9
65+	45	129.0	10	157.7	14	181.8	7	1,099.6

[1]Physicians are grouped as follows:

- Medical Specialists include Paediatricians, Internists, Neurologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.
- Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

[2]Physicians receiving $40,000 or more in MCIB payments during the year and practising in Saskatchewan at the end of the year.

[3]Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

[4]Person-year equivalents are prorated on the number of months in practice.

*Not shown, to preserve confidentiality.

Supplementary Health Program

The Supplementary Health Program provides for payment of accounts for non-insured health services to people nominated for coverage by Saskatchewan Social Services. Responsibility for the Supplementary Health Program was transferred from the Medical Services Division of Saskatchewan Health to the Medical Care Insurance Branch effective September 1, 1987.

Beneficiary classifications under the Program include Saskatchewan Assistance Plan beneficiaries, government wards, inmates of correctional institutions, and nominated persons 65 years and older who are receiving Level 2, 3 or 4 care in special care homes or hospitals and whose income is at or below the Saskatchewan Income Plan level.

Supplementary Health Program beneficiaries averaged 58,650 per month in 1991–92.

Beneficiaries are provided with a Health Services Card and a Supplementary Health Card. The Supplementary Health Card entitles beneficiaries to an additional range of non-insured services.

Medical Services

The Supplementary Health Program pays for non-insured third-party medical examinations requested by Saskatchewan Social Services. These examinations are to determine level of required nursing care, rehabilitation potential or employability.

Dental Services

Coverage includes preventive, restorative, exodontic, and prosthetic dentistry but does not include payment for services that are available to children under the Children's Dental Program. Payments are made on the basis of a schedule negotiated with the College of Dental Surgeons of Saskatchewan.

Drug and Medical Appliance Services

The Supplementary Health Program provides drug benefits at three levels:

Plan One—All beneficiaries may obtain the following prescribed drugs without charge: insulin, oral hypoglycemics, injectable vitamin B12, birth control pills, allergenic extracts and products used in megavitamin therapy. All formulary drugs are made available to Plan One beneficiaries at a reduced prescription charge.

Plan Two—In addition to the benefits under Plan One, the beneficiary may receive, without charge, any prescribed drug on the Saskatchewan Prescription Drug Plan formulary. All persons under 18, rehabilitation cases, unmarried mothers, transients and individuals with unusually high drug requirements are eligible for Plan Two.

Note: Activities under Plans One and Two are included in the Annual Statistical Reports of the Prescription Drug Services Branch.

Plan Three—In addition to the benefits under Plans One and Two, the beneficiary may receive most non-formulary drugs without charge. This coverage is granted to residents in nursing and approved community homes, government wards and provincial correctional centre inmates.

The Supplementary Health Program pays the full cost of most medical supplies and appliances prescribed by a physician which are not benefits under the SAIL Plan.

Optical Services

The Supplementary Health Program pays for eyeglasses on behalf of eligible beneficiaries whether provided by an optometrist or ophthalmic dispensary. Payment is made on the basis of laboratory costs plus a dispensing fee. Fees are paid according to negotiated payment schedules. There is an upper limit on the amount paid for eyeglass frames.

Medical Transportation

Benefits include coverage for emergency medical transportation by road ambulance and the Saskatchewan Government air ambulance service. On April 1, 1986, payment responsibility for the universal component of the Northern Medivac Program was transferred from the Northern Health Services Branch to the Supplementary Health Program. Additional coverage is provided to clients in northern Saskatchewan in the form of long-distance medically related transportation by other types of commercial carrier subject to pre-authorization by local health personnel.

Table 24

Supplementary Health Program Payments by Beneficiary Category

Services	Categories of Beneficiaries					
	Saskatchewan Assistance Plan	Government Wards	Provincial Correctional Institutions	Sask. Income Plan Beneficiaries in Special Care Homes	Other Beneficiary Categories	**Totals**
Medical Examinations and Reports	$ 77,808	$ 1,730	$ 6,588	$ 41	$ 37,911	**$ 124,077**
Dental Services	2,500,250	56,512	115,871	105,725	59	**2,778,417**
Optical Services	705,943	42,020	38,593	12,817	14,537	**813,911**
Non-Formulary Drugs (Plan 3)	236,719	71,697	47,308	549,193	5,194	**910,111**
Medical Appliances and Supplies	428,040	28,358	4,297	255,052	19,713	**735,460**
Medical Transportation (Aircraft)	286,912	5,648	1,425	–	7,481	**301,466**
Medical Transportation (Ground)	1,567,482	25,072	6,207	206,347	65,250	**1,870,358**
Totals: Supplementary Health Program	**$5,803,154**	**$231,037**	**$220,289**	**$1,129,175**	**$150,145**	**$7,533,800**
Northern Medivac	–	–	–	–	$294,836	**$ 294,836**
Total	–	–	–	–	–	**$7,828,636**

Note: Statistics on the volumes of services by category (above) under the Program will not be published for 1991–92. During the year statistical recording was changed from a "date of payment" basis to a "date of service" basis. Estimates of service volumes are available upon request.

Children's Dental Program 1990–91

Note: The statistics included in this Report are repeated from the "Annual Statistical Report 1990–91" of the Medical Care Insurance Branch.

The Children's Dental Program has traditionally reported its activities on the "school year" basis of September to August. This has led to delays in the publication of the Medical Care Insurance Plan statistics, which are on a fiscal year basis. Children's Dental Program statistics for the "school year" 1991–92 will be reported in the "Annual Statistical Report 1992–93."

Saskatchewan Health implemented a comprehensive dental care program for children in 1974. The objective of the program is to improve the dental health of children by providing preventive, treatment and education services to Saskatchewan children. The program is designed to provide dental care during the formative years and to establish positive habits for dental health which children will carry into adulthood.

From 1974 to 1987 most services were provided in school-based clinics by teams of dentists, dental therapists and assistants employed by the department. Dental teams generally visited most elementary schools in the province once per year and provided a basic scope of services to children enrolled in the plan. The plan operated on a "school year" basis; i.e. September to August of the following calendar year.

In the school year 1981–82 a bridging program was developed to support the transition of adolescents to private practice dentists. The program consisted of the assignment of adolescents to specific dentists by the parents or guardians. The Department of Health contracted to make a capitation payment (or uniform fee) to the College of Dental Surgeons of Saskatchewan for each adolescent making one or more visits to a participating dentist. The College remunerated each dentist according to a fee schedule designed for the plan. A prescribed range of services was provided at no charge to the parents.

In 1987 the capitation model was expanded to encompass all children born between 1974 and 1982; i.e. ages 5 to 13 inclusive. The program name was changed from the Saskatchewan Health Dental Plan to the Children's Dental Program. The new program came into effect on September 1, 1987. The time at which children became eligible for the Children's Dental Program was modified effective September 1, 1988. Rather than becoming eligible for dental services in September of the year in which they turned five, children became eligible in the month they turned five. In addition to being easier for parents to understand, this change provided earlier access to dental services for most 5 year olds.

Services in the program year 1990–91 were provided by about 300 private practice dentists in Saskatchewan, by the Saskatchewan Institute of Applied Science and Technology in Regina, and by the College of Dentistry clinic at the University of Saskatchewan. Several dentists in Alberta and Manitoba, located near the borders, also participated in the program for the convenience of Saskatchewan residents.

Dental health education was provided to over 104,000 students in Kindergarten through Grade 6 by the Community Health — Prevention Services Branch. In addition, the Northern Health Services Branch provides a program of prevention, treatment and dental health education to children resident in Northern Saskatchewan. Detailed information on these activities is available in other reports of the Department.

Table 25

Children Receiving Services Through the Children's Dental Program at August 31, 1991 (excludes Registered Indians)

Age Group	Number Eligible	Number Receiving Services	Per Cent of Eligible Receiving Services
Total	**130,703**	**109,717**	**83.9**
Born 1976	–	2,253	–
1977	5,730	10,895	–
1978	13,897	10,698	77.0
1979	14,365	11,612	80.0
1980	14,299	11,699	81.8
1981	14,431	11,941	82.8
1982	14,738	12,235	83.0
1983	14,737	12,130	82.3
1984	14,511	11,682	80.5
1985	14,481	10,807	74.6
1986	9,514	3,765	39.6

Table 26

Registered Indian Children Receiving Services Through the Children's Dental Program at August 31, 1991

Age Group	Number Eligible	Number Receiving Services	Per Cent of Eligible Receiving Services
Total	**12,025**	**6,049**	**50.3**
Born 1976	–	76	–
1977	474	487	–
1978	1,181	582	49.3
1979	1,174	632	53.8
1980	1,208	644	53.3
1981	1,327	719	54.2
1982	1,318	693	52.6
1983	1,368	708	51.8
1984	1,406	712	50.6
1985	1,555	641	41.2
1986	1,014	155	15.3

Note: In the Tables above, the "Number Eligible" is the number on the day August 31, 1991. The "Number Receiving Services" is the count over the 12 month period. All children born in 1976, and most born in 1977 had graduated from the program by August 31 but were eligible for services for part of the year. Conversely, children born between September, 1985 and August, 1986, inclusive, became eligible during the year. These children appear to have a low utilization rate because they were eligible for an average of six months.

Table 27
Children Receiving Services by Location at August 31, 1991

Location	Number Eligible	Number Receiving Services	% of Eligible Receiving Services	Treatment Plans Completed	% of Children With Treatment Completed
All Children (Excluding Registered Indians)					
Rural	64,472	56,333	87.4	47,772	84.8
Urban	66,231	53,384	80.6	44,326	83.0
Totals	**130,703**	**109,717**	**83.9**	**92,098**	**83.9**
Registered Indian Children					
Rural	7,156	3,673	51.3	2,283	62.2
Urban	4,869	2,376	48.8	1,524	64.1
Totals	**12,025**	**6,049**	**50.3**	**3,807**	**62.9**
All Eligible Children					
Rural	71,628	60,006	83.8	50,055	83.4
Urban	71,100	55,760	78.4	45,850	82.2
Totals	**142,728**	**115,766**	**81.1**	**95,905**	**82.8**

Note: Urban locations include the following:

Estevan	Regina
Lloydminster	Saskatoon
Moose Jaw	Swift Current
North Battleford	Weyburn
Prince Albert	Yorkton

Note: Tables 25, 26, and 27 have changed in two ways from previous Annual Reports:

1. The process of requiring that parents "assign" their children to specific dentists (i.e. "registration" or "enrollment") was suspended for the program year 1990–91. Figures for the number of children receiving services one or more times from dentists have been substituted for "registration" data in the three tables.
2. Information on the number of children with treatment plans completed has been added to Table 27. The dentist develops a "treatment plan" for the child during the examination. If all of the required work is completed for the child, the dentist submits a code to the program office indicating completion of the proposed treatment. These statistics record the number of completion codes submitted for the program year.

Figure 5

Per Cent of Eligible Children Ages 5 to 13 Receiving Dental Services in the Saskatchewan Dental Plan and the Children's Dental Program at August 31 of Each Year

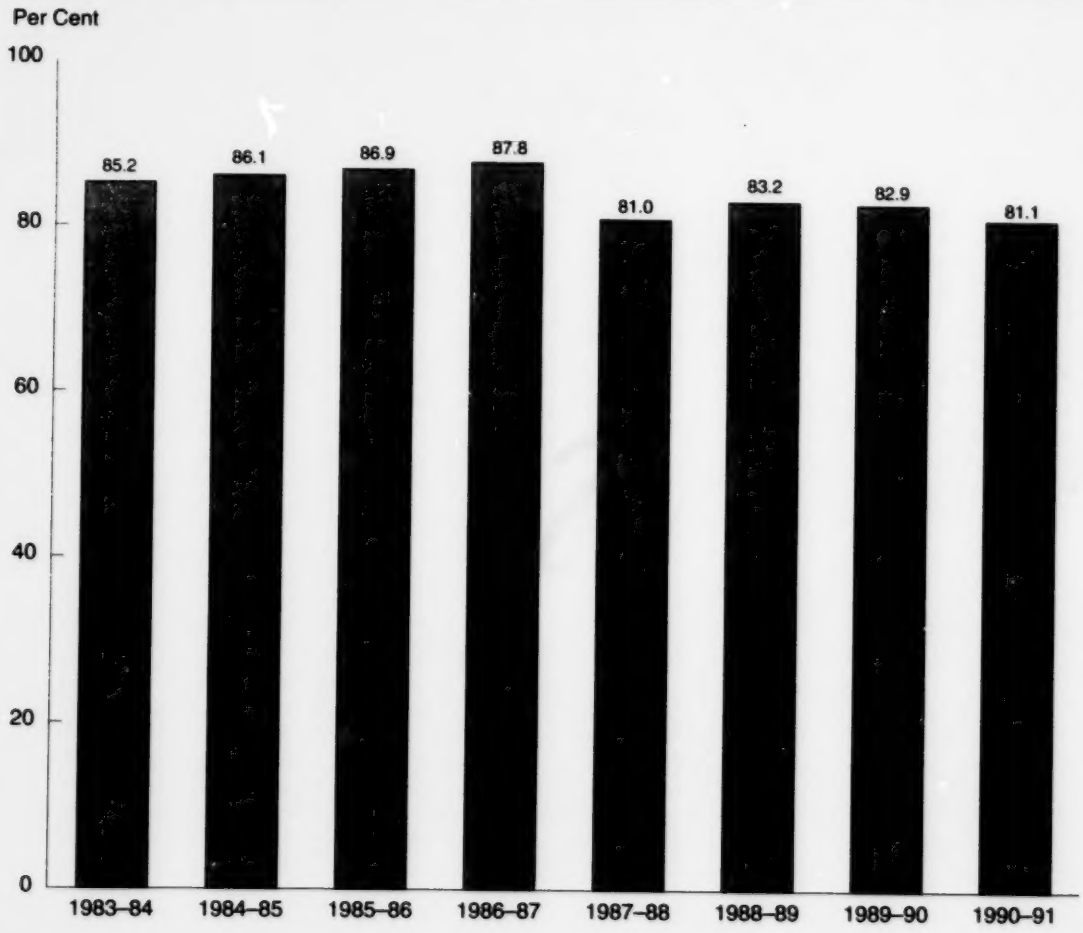

Table 28

Dental Health of Children Examined September 1990 to August 1991

	Average Number Per Child By Year of Birth								
	1977	1978	1979	1980	1981	1982	1983	1984	1985
Decayed, extracted or filled deciduous teeth (DEF)	–	–	–	–	–	2.88	2.76	2.63	2.29
—decayed	–	–	–	–	–	0.65	0.81	1.02	1.45
—extracted	–	–	–	–	–	0.05	0.04	0.04	0.02
—filled	–	–	–	–	–	2.16	1.89	1.56	0.81
Decayed, missing or filled permanent teeth (DMF)	2.63	2.03	1.45	1.19	1.00	0.67	0.47	0.19	0.03
—decayed	0.78	0.61	0.43	0.37	0.34	0.30	0.30	0.15	0.03
—missing	0.03	0.03	0.01	0.00	0.00	0.00	0.00	0.00	0.00
—filled	1.81	1.37	0.99	0.80	0.65	0.36	0.17	0.04	0.00
Total DEF plus DMF	2.86	2.59	2.68	3.23	3.76	3.55	3.23	2.83	2.33
Percent of Children with DMF of 0	32.51	38.69	47.49	52.27	57.44	68.78	76.63	89.37	97.84
Percent of Children with DEF of 0	–	–	–	–	–	34.95	38.26	42.50	49.75
Percent of DMF plus DEF of 0	–	–	–	–	–	29.86	34.56	40.80	49.36
Decayed deciduous and permanent teeth	–	–	–	–	–	0.96	1.12	1.17	1.49
Filled deciduous and permanent teeth	–	–	–	–	–	2.53	2.06	1.61	0.81
Ratio of filled deciduous and permanent teeth to DMF plus DEF	–	–	–	–	–	0.71	0.63	0.56	0.35
Ratio of missing plus extracted to filled teeth	0.02	0.02	0.01	0.01	0.01	0.02	0.02	0.02	0.03
Permanent teeth erupted, not decayed	23.06	21.75	18.97	15.05	12.11	10.46	8.14	4.68	1.28
Deciduous teeth filled and redecayed	–	–	–	–	–	0.08	0.07	0.06	0.03
Permanent teeth filled and redecayed	0.03	0.02	0.01	0.01	0.01	0.00	0.00	0.00	0.00

Note: Dental health indices on deciduous teeth for children from 1977 to 1981 have not been reported since too high a proportion of deciduous teeth have already been shed.

Table 29

Progression of Decayed, Missing and Filled Permanent Teeth by Age, 1974–75 to 1990–91

Program Year	Age							
	6	7	8	9	10	11	12	13
1974–75	0.94	–	–	–	–	–	–	–
1975–76	0.80	1.95	–	–	–	–	–	–
1976–77	0.72	1.81	2.71	3.10	–	–	–	–
1977–78	0.67	1.52	2.54	3.21	3.68	–	–	–
1978–79	0.57	1.46	2.26	3.01	3.65	4.42	5.23	–
1979–80	0.53	1.24	2.08	2.69	3.43	4.20	5.24	6.25
1980–81	0.38	1.17	1.80	2.47	3.07	3.94	4.96	6.26
1981–82	0.32	0.93	1.76	2.30	2.96	3.63	4.71	5.86
1982–83	0.31	0.83	1.45	2.27	2.76	3.43	4.33	5.48
1983–84	0.26	0.71	1.23	1.80	2.57	3.18	4.05	4.99
1984–85	0.23	0.61	1.08	1.55	2.14	2.94	3.67	4.61
1985–86	0.17	0.52	0.88	1.32	2.78	2.42	3.35	4.06
1986–87	0.14	0.39	0.78	1.14	1.55	2.13	2.90	3.82
1987–88	0.22	0.44	0.69	1.07	1.41	1.91	2.52	3.39
1988–89	0.19	0.50	0.70	0.90	1.29	1.71	2.30	2.98
1989–90	0.19	0.42	0.75	0.93	1.14	1.58	2.10	2.79
1990–91	0.19	0.47	0.67	1.00	1.19	1.45	2.03	2.63

Note: This table shows the improvements in the number of decayed, missing and filled permanent teeth for individual age groups from the 1974–75 program year to the 1990–91 program year. For example, the number of decayed, missing and filled permanent teeth for the average 10 year old child declined from 3.68 in 1977–78 to 1.19 in 1990–91.

Figure 6
Total DMF and DEF for the Average Six Year Old Child by Program Year

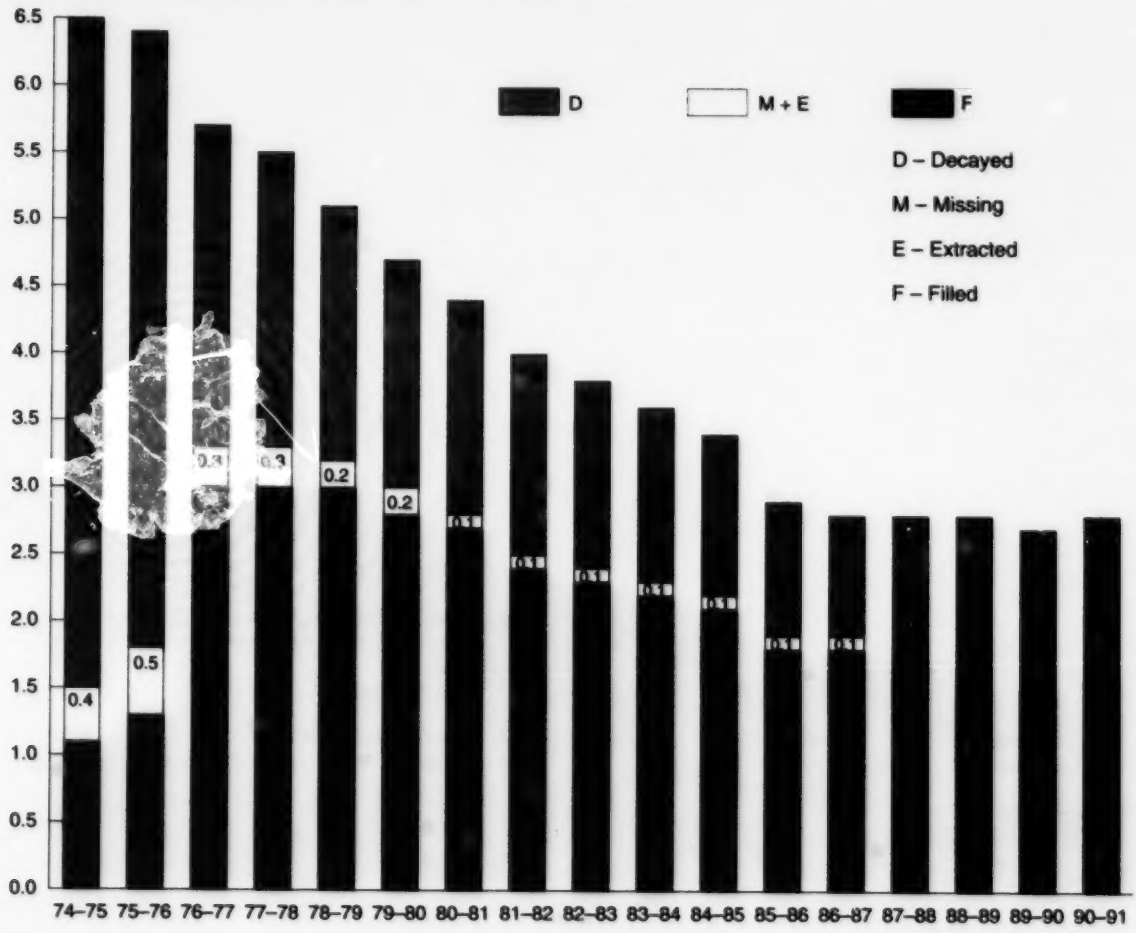

Table 30

Clinical Services Provided Under The Children's Dental Program, September 1990 to August 1991

Service Description	Number (By Year of Birth)											
	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	Totals
Diagnostic												
Examinations	2,163	11,070	10,951	11,842	11,955	12,244	12,467	12,389	11,921	11,020	3,691	111,713
Periapical Radiograms	136	1,147	1,111	1,312	1,539	1,616	1,935	1,934	1,655	1,173	303	13,861
Occlusal X-rays	36	219	235	224	314	359	400	537	559	509	187	3,579
Panoramic Radiograms	0	7	7	1	3	5	2	0	2	0	0	27
Bitewing X-rays (one film)	3	22	27	43	41	44	61	57	72	57	21	448
Bitewing X-rays (two films)	1,677	9,122	8,704	9,375	9,474	9,943	10,223	10,116	9,505	8,326	2,646	89,111
Diagnostic Models	4	72	74	112	92	115	187	176	95	40	6	973
Preventive												
Dental Prophylaxis, oral hygiene instruction, light scaling, topical fluoride application	2,103	10,764	10,618	11,525	11,595	11,945	12,098	11,955	11,404	10,440	3,435	107,882
Pit and Fissure Sealants	1,392	9,194	9,053	6,848	4,375	3,931	7,448	13,690	12,157	3,178	119	71,385
Space Maintainers	0	8	19	34	78	133	311	391	352	222	50	1,598
Restorative												
Caries Control	7	56	62	72	124	117	128	177	145	252	72	1,212
Amalgam Restorations – Primary Tooth	10	167	349	1,180	2,935	5,546	8,416	10,158	11,658	14,552	4,019	58,990
– Permanent Tooth	1,762	9,689	7,046	5,511	4,757	4,561	4,117	4,143	1,999	376	20	43,981
Retention Pins for Restor.	14	70	71	34	62	62	35	24	10	6	3	391
Acrylic or Composite Restor.	209	1,243	935	821	776	607	456	257	83	19	0	5,406
Crowns and Post/Core	17	161	136	198	374	678	1,107	1,515	1,793	2,527	683	9,189
Endodontic												
Therapeutic Apical Closure	0	4	6	11	12	16	14	8	4	0	0	75
Pulpotomy – Primary Tooth	0	12	24	105	252	534	1,029	1,276	1,591	2,398	638	7,859
Pulpotomy – Permanent Tooth	0	19	16	14	18	19	19	17	4	3	0	129
Root Canal	7	91	65	67	60	53	22	6	0	0	0	371
Trephination	0	5	3	3	4	3	2	1	0	0	0	21
Reposition Traumatically Displaced Tooth	0	13	13	21	30	33	17	12	4	3	4	150
Prosthetic												
Partial Dentures	5	17	8	6	15	4	5	3	0	0	0	63
Denture Repairs	1	2	2	4	1	2	6	1	0	0	0	19
Oral Surgery												
Extractions	178	1,992	3,082	4,457	4,605	4,035	4,087	4,109	3,615	2,095	301	32,556
Other Procedures	9	109	132	103	153	147	133	188	180	217	37	1,408
Adjunctive Services												
Palliative Treatments	5	45	64	58	81	80	112	135	159	113	21	873
Hospital Visits	1	12	14	14	16	24	34	43	86	176	52	472